Olentangy Local Schools Free and Reduced Price School Meals Application 2016-2017 School Year

NEW FOR THIS SCHOOL YEAR!

To expedite processing, free and reduced price meal applications can be filled out on-line at www.olentangy.heartlandapps.com

URGENT: READ FIRST

- Complete *only one* application per household
- List the names of *all* household members on the application (*Part 1*)
- Check the box *if no income* for each household member listed (*Part 1*)
- Sign and provide the last four digits of your Social Security Number (*Part 6*)

Failure to complete this information may result in a delay in processing your application.

IMPORTANT NOTICE REGARDING FEE WAIVER

Olentangy Local School District will waive the school instructional fees for children who qualify for free/reduced price meal benefits. In order to do so, school Food Service personnel must have parent consent to share application information with school officials. Please indicate on *Part 5* of the application if you would like for this information to be shared. *If you do not answer this question or answer "no" to this question, your child will not be able to be considered for a fee waiver.* Answering this question will not change whether your child(ren) will receive free or reduced price meals.

SUBMIT APPLICATION

Paper applications may be mailed to:	Olentangy Food Service
	814 Shanahan Rd., Suite 100
	Lewis Center, OH 43035

OR take to any school office to be forwarded. To avoid delays in processing, please make sure it is clearly marked **OLENTANGY FOOD SERVICE**.

Olentangy Local Schools 2016-2017 Letter to Households National School Meals Program

Dear Parent/Guardian:

Children need healthy meals to learn. Olentangy Local Schools offers healthy meals every school day. Elementary lunch costs \$2.40, middle school lunch costs \$2.65 and high school lunch costs \$2.90. Breakfast cost \$1.50 and is offered at select schools. *See our website for locations at: <u>www.olentangy.k12.oh.us</u> and select Departments, Food Services, and Menus. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.40 for lunch and \$.30 for breakfast. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.*

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from the supplemental nutrition assistance program (SNAP) or Ohio Works First (OWF) are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2016-2017								
Household size	Yearly	Monthly	Weekly					
1	\$21,978	\$1,832	\$423					
2	29,637	2,470	570					
3	37,296	3,108	718					
4	44,955	3,747	865					
5	52,614	4,385	1,012					
6	60,273	5,023	1,160					
7	67,951	5,663	1,307					
8	75,647	6,304	1,455					
Each additional person:	7,696	642	148					

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call Olentangy Pupil Services at 740-657-4070.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Olentangy Food Service, 814 Shanahan Rd., Suite 100, Lewis Center, OH 43035, 740-657-4053.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Olentangy Food Service, 814 Shanahan Rd., Suite 100, Lewis Center, OH 43035, 740-657-4053 immediately.
- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.olentangy.heartlandapps.com to begin or to learn more about the online application process. Contact Olentangy Food Service, 814 Shanahan Rd., Suite 100, Lewis Center, OH 43035, 740-657-4053 if you have any questions about the online application.

- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through September 29, 2016. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: BETHANY LENKO, FOOD SERVICE SUPERVISOR, 814 SHANAHAN RD., SUITE 100, LEWIS CENTER, OH 43035, 740-657-4052, BETHANY_LENKO@OLSD.US.
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Olentangy Food Service, 814 Shanahan Rd., Suite 100, Lewis Center, OH 43035, 740-657-4053 to receive a second application.
- 16. Why am I being asked about giving my consent for an instructional fee waiver? Ohio public schools are required to waive the school instructional fees for children who quality for free meal benefits. School Food Service personnel must have parent consent to share student meal application if your child(ren) quality for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials to see if he/she/they qualifies for a fee waiver then check "yes" in part 5. If you do not wish for that information to be shared, then check "no" in part 5. Answering no to this question will mean your child will not be able to be considered for a fee waiver. Answering this question either way will not change whether your child(ren) will get free or reduced price meals.
- 17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call 740-657-4053. Sincerely, Olentangy Food Service

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child.

Part 2: List the 10-digit case number for any household member (including adults) receiving SNAP or OWF benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 7: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Olentangy Pupil Service, 740-657-4070.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in part 4. Part 7: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If <u>all</u> children in the household are foster children:

Part 1: List all foster children and the school name and school grade level for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 7: Answer this question if you choose to.

If some of the children in the household are foster children:

Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

- Part 2: If the household does not have a 10-digit SNAP or OWF case number, skip this part.
- Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Olentangy Pupil Services, 740-657-4070. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 7: Answer this question, if you choose.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income Box".

- Part 2: If the household does not have a 10-digit SNAP or OWF case number, skip this part.
- Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and Olentangy Pupil Services, 740-657-4070. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount and check the box to tell us how often each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

Part 6: An adult household member must sign the form and list the last four digits of his or her Social Security Number (or mark the box if s/he doesn't have one).

Part 7: Answer this question if you choose to.

2016-2017 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																	
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of scho child/or indica Sch	te "						ch	we *If	elfar all (c if a foster child re agency or cou children listed b o Part 5 to sign t	urt) elov	v are	e fo		-	Check if No Income
									-								
									-								
									-								
									-								_
Part 2 PENEFITS: If any member of your bayacheld receives Symplemental Nutrition Assistance Program (SNAP) or Ohio Works First (ONE)																	
Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3. NAME: 10-DIGIT CASE NUMBER:																	
Part 3. If any child you are applying for	is homeless	mi	ara							nni	ropriate box a	nd	nall		ont	angy Punil	
Services, 740-657-4070 Homeless						a runaway c	nec	<i>,</i>	ie a	hhi	opriate box a	nu	Jan	0	ent	angy Pupi	
Part 4. TOTAL HOUSEHOLD GROSS IN box for how often it is received. Record ea	COME (before	e de	du	ctio	ns)	. List all inco	me	on	the	san	ne line as the p	ers	on ۱	who	rec	ceives it. Che	eck the
	2. GROSS II	NCO	OME		١D	HOW OFTE	N IT	r w	AS I	RE	CEIVED						
	Earnings from work before	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support,	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security,	Weekly	ry 2 Weeks	ce Monthly	Monthly	All Other (indicate fr such as " "monthly" "	equency, weekly"
1. NAME	deductions	-	ive	Twi	-	alimony	-	Evel	Twi	~	SSI, VA benefits	-	Every	Twice I	~	"annu	
(List all household members with income)							_			_		[<u> </u>			
(Example) Jane Smith	\$200	\boxtimes				\$150		\square	Ш		\$0	Ц				\$ <u>50.00/qu</u>	arterly
	\$					\$					\$					\$	/
	\$					\$					\$					\$	/
	\$					\$					\$					\$	/
	\$	Π	Π	Π		\$	Π		\square	Π	\$	\square		Π	Π	\$	/
	\$					\$					\$					\$	/
Part 5. SCHOOL INSTRUCTIONAL FEE		ШТ	0.0	NS	FN		(rer) m	avo		lify for a waiver	of	thei	r so	hor		al fees
Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals. Please check a box: Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.																	
🗌 No, I do not agree	to have my m	eal	app	olica	tior	n used to det	ern	nine	if m	у с	hild(ren) qualify	/ foi	r a f	ee	waiv	ver.	
Signature of Parent/Guardian for the Instructional Fee Waiver Question: Date: Date:																	
Part 6. SIGNATURE AND LAST FOUR D	IGITS OF SO	CIA	LS	EC	URI	TY NUMBE	R (/	٩DU	LT	MU	ST SIGN)						
An adult household member must sign the his or her Social Security Number or m	application.	f Pa	rt 4	is	con	npleted, the	ad	ult s	sign	ning	g the form mus						
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.									sentation								
Sign here: X Address:											Phone Numb					ie:	
Last four digits of your Social Security Nur												_					
Part 7. Children's ethnic and racial ider	tities (option	al)															
Choose one ethnicity:	Choose o	ne	or m	ore	(re	gardless of	ethr	nicity	<u>/):</u>								
Hispanic/Latino	☐ Asian ☐ White				_	merican Ind					Native acific Islander		Blac	ck o	r Af	rican Americ	can
	Don't fi	ll ou	ıt th	is p	oart.	This is for s	sch	ool ı	use	onl	у.						
Annual Income	Conversion: \	Vee	kly :	x 52	, Ε\	very 2 Weeks	x 2	6, T	wice	A	Month x 24 Mon	thly	x 1	2			
Total Income: Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size:																	
Verification Result: No Change Free t	o Reduced Pric	:e _		_ Fr	ee t	o Paid	Re	duc	ed F	rice	e to Free F	kedu	lcec	1 Pr	ice t	o Paid	

Your children may qualify for free or reduced-price meals if	INCOME ELIGIBILITY GUIDELINES 2016-2017											
	Household size	Yearly	Monthly	Weekly								
your household income falls at or below the	1	\$21,978	\$1,832	\$423								
limits on this chart.	2	29,637	2,470	570								
-	3	37,296	3,108	718								
	4	44,955	3,747	865								
	5	52,614	4,385	1,012								
-	6	60,273	5,023	1,160								
	7	67,951	5,663	1,307								
	8	75,647	6,304	1,455								
	Each additional person:	7,696	642	148								

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Healthy Start & Healthy Families

Does your child qualify for the School Meals Program? If so, your family may qualify for free health coverage!



Healthy Start & Healthy Families

Healthy Start offers free health care coverage for kids (birth to age 19) and pregnant women.

Healthy Families offers free health care coverage for the entire family - parents AND kids.

Healthy Start & Healthy Families Covers:

Doctor Visits Hospital Care Immunizations Substance Abuse Prescriptions Vision Services Dental Care Mental Health

For more information or an application, call: 1-800-324-8680 (a free call!)

And Much More!

TDD 1-800-292-3572 Monday - Friday 7 am to 8 pm Saturday - Sunday 12 pm to 5 pm

Your family's size and income determines if you and your family are eligible for Healthy Start or Healthy Families. Healthy Start & Healthy Families are Medicaid Programs administered by The Ohio Department of Job & Family Services.