

# Marlington

## LOCAL SCHOOL DISTRICT

ADMINISTRATIVE OFFICES \* 10320 MOULIN AVE N.E.

ALLIANCE, OHIO 44601

PHONE (330) 823-7458

FAX (330)823-7759

September 2011

Dear Parent/Guardian:

Marlington Local Schools offers healthy meals each school day and children need healthy meals to learn. Children may buy lunch for \$2.25 at the high school and middle school and \$2.00 at the elementary schools. Breakfast is available at all schools for \$1.00. Children who qualify may get lunch and breakfast free or at a reduced-price. The reduced-price for lunch is \$.40 and for breakfast \$.30. Please send in this application as soon as possible and do not hesitate to take advantage of this benefit. All information is strictly confidential.

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. 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. **If you have children in different buildings, return completed application with one child and all other buildings will be notified.**
- 2. Who can get free meals?** Children in households receiving benefits through the Supplemental Nutritional Assistance Program (SNAP, formerly the Food Stamp Program), or Ohio Works First (OWF) can get free meals. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of foster parent's income.
- 4. Can homeless, runaway and migrant children get free meals?** Please call to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 5. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown below, in this letter.
- 6. Should I fill out an application if I got a letter this school year school year saying my children are approved for free or reduced price meals?**

Please read the letter you got carefully and follow the instructions. Call the school at (330) 823-7458 if you have questions.

- 6. My Child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first 30 days of the new school year.

You must send in a new application unless the school has already sent you a letter stating that your child is eligible for the new school year.

- 7. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 8. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 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 writing to: Anna Minor, Administrative Assistant to the Superintendent, 10320 Moulin Ave. N.E., Alliance, Ohio 44601 or call (330) 823-7458.
- 11. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

FEDERAL INCOME CHART			
For School Year			
July 1, 2011 to June 30, 2012			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

- 12. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. Do not include other people who are economically independent (people you do not support, who do not share income with you or your children)
- 13. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 14. We are in the military, do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 15. My Spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before deployment, combat pay is not counted as income. Contact your school for more information.
- 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 qualify for free meal benefits. School Food Service personnel must have parent consent to share student meal application if your child(ren) qualify 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.

**FREE HEALTH CARE:** Families with children eligible for school meals may be eligible for FREE health care coverage through Medicaid an/or Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/OHP/consumers/familychild.stm>. **\*Please Note: If you have an Ohio Medicaid Card, you are already getting these services.**

**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 social security number of the adult household member who signs the application. 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, former Food Stamp Program), Ohio Works First (OWF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.

**Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.** "In accordance with Federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call toll-free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

**Notice of Eligibility:** We will let you know when your application is approved or denied by letter.

If you have other questions or need help, please call Jan Williams at (330) 823-7458.

Sincerely,

James Nicodemo

James Nicodemo  
Superintendent of Marlinton Local Schools

JN:jmw

## 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, formerly the Food Stamp Program), OR OHIO WORKS FIRST (OWF), follow these instructions:**

- Part 1:** List all household students name, school building name for each child, grade, and a **10 digit** SNAP (Food Stamp) or OWF case number for any household member (including adults). Ohio Direction Card Numbers **are not** acceptable (these are 16 digits in length). Attach another sheet of paper if you need to.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Answer yes or no if you would like the application to be checked by school official 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 students name, the school building name and grade for each child.
- Part 2:** Check the appropriate box.
- Part 3:** Skip this part.
- Part 4:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 5:** Answer yes or no if you would like the application to be checked by school official to determine if the child(ren) qualifies for a school instructional fee waiver.
- Part 6:** Sign and date the form. The last four digits of a Social Security Number is 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:**

- Part 1:** Use a separate application for each foster child. List the child's name, school, and grade. If the child has no income, check the box "No Income"
- Part 2:** Skip this part.
- Part 3:** Check the box and list the child's personal use monthly income, if any. This does not include any funds the Foster Parent(s) receives from the courts for acting as a Foster Parent. This is only the child's personal income (stipend, part-time job, etc.)
- Part 4:** Skip this part.
- Part 5:** Answer yes or no and sign if you would like the application to be shared with school officials if the child(ren) qualifies for a school instructional fee waiver.
- Part 6:** Sign and date the form. The last four digits of a Social Security Number is not necessary.
- Part 7:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1:** List all household students name, school building name, and grade for each child.
- Part 2:** Check the appropriate box, if any.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from last month.
- Column 1–Name:** List all household members with or without income. Attach another sheet of paper if you need to.
- Column 2 –Gross income last month and how often it was received.** For each household members name list each type of income received for the month. You must tell us how often it was received-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 each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA Benefits), disability benefits, and ALL OTHER INCOME SOURCES. Under "**All Other Income**" list Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. For ONLY the self-employed, under "**Earnings from Work**", report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance.
- Column 3–Check if no income:** If the person does not have any income, check the box.
- Part 5:** Answer yes or no if you would like the application to be shared with school officials 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/her Social Security Number, or mark the box if he/she doesn't have one. Include today's date.
- Part 7:** Answer this question if you choose to.

2011-2012

**Part 1. ALL STUDENTS IN DISTRICT (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Building Name (ex:HS,MS,Lex,Marlboro, or Wash)	Grade	10-digit Supplemental Nutrition Assistance Program*(SNAP, Food Stamp) or OWF case # for any member of household. <b>Skip to Part 5 if you list a SNAP* or OWF case #</b>											

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Food Service Representative at (330) 823-7458** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/bi-weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

**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 priced 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 meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: \_\_\_\_\_ Date \_\_\_\_\_

**Part 6. Signature and Last Four Digits of Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the letter attached with this application)

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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Last four digits of your Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 7. Children's ethnic and racial identities (optional)**

Mark one or more racial identities:  Asian  American Indian or Alaska Native  White  Native Hawaiian or Other Pacific Islander  Black or African American  Other

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

**Don't fill out this part. This is for school use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12  
 Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 If Selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_  
 Verification Result: No Change \_\_\_\_\_ Free to Reduced Price \_\_\_\_\_ Free to Paid \_\_\_\_\_ Reduced Price to Free \_\_\_\_\_ Reduced Price to Paid \_\_\_\_\_