

**MT. HEALTHY CITY SCHOOL DISTRICT**  
**MT. HEALTHY, OHIO 45231**

Dear Parent/Guardian:

Children need healthy meals to learn. The Mt. Healthy City Schools offers healthy meals each school day. Children may buy lunch for \$1.70 in the elementary schools, \$1.80 in the middle schools and \$2.00 in senior high school; and breakfast at the senior high school, middle schools and elementary schools for \$1.00. Your children may qualify for free meals or for reduced price meals. Reduced price is 40¢ for lunch and 30¢ for breakfast.

- 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.
- 2. Who can get free meals?** Children in households getting Food Stamps or Ohio Works First (OWF) can get free meals. Most foster children can get free meals regardless of foster parent's income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call (school, homeless liaison or migrant coordinator) to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. 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 on this application.
- 5. Should I fill out an application if I got a letter this 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 if you have questions.
- 6. 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.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, OWF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. 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 Mr. John Pennell, Business Manager, 7615 Harrison Avenue, Cincinnati, Ohio 45231; Phone: 729-0077.
- 10. 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.
- 11. 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). You must include yourself and all children who live with you.
- 12. 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.

If you have other questions or need help, call 515-728-4972.

Sincerely,

John Pennell  
Business Manager

## INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR OWF, follow these instructions:

**Part 1:** List child(ren)'s name, school, grade and a food stamp or OWF case number. *Do not use OHIO DIRECTION CARD, Medicaid or Healthy Start Number*

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator]. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

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.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any. Indicate "0" if none.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary. **Part 6:** Answer this question if you choose to.

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

**Part 1:** List each child's name, school and grade.

**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 the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2** –Gross income last month and how often it was received. Next to each person's name list each type of income received last month and how often it was received. For example, *Earnings from work:* List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

**All other income:** List the amount each person got last month from welfare, child support, alimony, pensions(second column), pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative, 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:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one. **Part 6:** Answer this question if you choose to.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

<b>Part 1. Children in School (Use a separate application for each foster child)</b>					
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or OWF 10 digit case # (if any). <i>Do not use OHIO DIRECTION CARD, Medicaid or Healthy Start Number</i> <b>Skip to Part 5 if you list a Food Stamp or OWF case #</b>		
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			-----		
			-----		
			-----		
<b>Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator] at [phone #]</b> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>					
<b>Part 3. Foster Child</b> If this application is for a child who is the legal responsibility of a welfare agency or court, check this box <input type="checkbox"/> and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.					
<b>Part 4. Total Household Gross Income—You must tell us how much and how often</b>					
1. Name (List everyone in household)	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	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
<b>Part 5. Signature and Social Security Number (Adult must sign)</b>					
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) <i>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.</i>					
Sign here: X _____ Social Security Number: _____ - _____ - _____ Print name: _____ <input type="checkbox"/> I do not have a Social Security Number Home Phone: _____ Cell Phone: _____ Work Phone: _____ Address: _____ City/Zip Code: _____					
<b>Part 6. Children's racial and ethnic identities (answer this question if you choose to)</b>					
Mark one or more racial identities:			Mark one ethnic identity:		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic or Latino		
<b>Don't fill out this part. This is for school use only.</b>					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12					
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____					
Categorical Eligibility: ___ Income Eligibility: Free ___ Reduced ___ Denied ___ Reason: _____					
Temporary: Free ___ Reduced ___ Expires: _____ (maximum 45 days) Extended to: _____ Extended to: _____					
Change in Status Reason: _____ Date: _____ Date Withdrawn: _____					
Determining Official's Signature: _____ Date: _____					
Date Verification Notice Sent: _____ Response Due: _____ Second Notice Sent: _____ Results Sent: _____					
Verification Result: No Change ___ Free to Reduced Price ___ Free to Paid ___ Reduced Price to Free ___ Reduced Price to Paid ___					
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____					

## FEDERAL INCOME CHART

For School Year July 1, 2005 to June 30, 2006

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

FEDERAL INCOME CHART			
For School Year July 1, 2005 to June 30, 2006			
Household size	Yearly	Monthly	Weekly
1	17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
Each additional person:	6,031	503	116

**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 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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**SHARING INFORMATION WITH MEDICAID**  
*Healthy Start, Healthy Families*

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the Ohio Children's Health Insurance Program *Healthy Start, Healthy Families*. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and *Healthy Start, Healthy Families* that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and *Healthy Start, Healthy Families* only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or *Healthy Start, Healthy Families*, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

**No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program *Healthy Start, Healthy Families*.

**If you checked no, fill out the form below.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

**SHARING INFORMATION WITH OTHER PROGRAMS**

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **[name of program specific to your school]**.

**If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.**

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

For more information, you may call **[name]** at **[phone]**. **Return this form to: [address] by [date]** Free and Reduced Price School Meals Application 2006 - Sharing Information with Other Programs Page 2 of 2