

Hubbard Exempted Village School District
2017-2018

**Free & Reduced Price Lunch & Breakfast
Application**



- **ONLY ONE APPLICATION PER FAMILY.**
- **YOU MUST FILL OUT AN APPLICATION EVERY YEAR AND BE APPROVED TO REMAIN ON THE FREE OR REDUCED LUNCH & BREAKFAST PROGRAM.**
- **IF YOUR CHILD WAS APPROVED FOR FREE OR REDUCED LUNCH PRICES LAST YEAR HE OR SHE WILL START OUT THE NEW SCHOOL YEAR UNDER THE SAME QUALIFICATION UNTIL YOUR NEW APPLICATION HAS BEEN PROCESSED.**
- **IF YOU DO NOT RECEIVE A VERIFICATION LETTER FROM THE FOOD SERVICE OFFICE BY SEPTEMBER 30TH PLEASE CALL 330.534.1921 EXT 1013 FOR MORE INFORMATION.**
- **USDA is an equal opportunity provider**

Dear Parent/Guardian:

Please read carefully there have been changes to the form this year.

Children need healthy meals to learn. The Hubbard Exempted Village Schools offers healthy meals every school day. Breakfast price = **\$1.50**, lunch price = **\$2.30** at the Elementary school, **\$2.60** at the Middle and Hubbard High Schools. Milk is **\$.50**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch at all Hubbard schools.

(LUNCH PRICES ARE SUBJECT TO CHANGE ANY TIME DURING THE SCHOOL YEAR)

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. **Return the completed application to your child's homeroom or mail to Mr. Sam Mantas, Food Service Supervisor, 350 Hall Avenue, Hubbard Ohio 44425.**

2. Who can get free meals? Children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), or Ohio Works First (OWF) benefits and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? If you have not been told your children will get free meals, please call **Mr. Sam Mantas** at 330.534.1921 ext. 1013 to see if they qualify.

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.

5. Should I fill out an application if I received a letter this school year saying my children are approved for free meals? Please read the letter you got carefully and follow the instructions. Call the school 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 few days of this school year. You must send in a new application unless the school told you 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.

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: Mr. Raymond Soloman, Superintendent 150 Hall Avenue, Hubbard Ohio 44425 or call 330.534.1921 ext. 1003

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.

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). You must include yourself and all children who live with you.

13. What if my income is not always the same? List the amount that you normally 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.

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 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 she was deployed, 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.

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 members, the school name for each child, and the **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 or use the back of the form.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** 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 5:** Sign and date the form. A Social Security Number is not necessary.

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, if the child has no income, check the box "no income".
- Part 2:** 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 3:** Skip this part.
- Part 4:** 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 5:** Sign and date the form. A Social Security Number is not necessary.

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

- Part 1:** List each child's name, grade and homeroom. Attach another sheet of paper if you need to.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
Column 1–Name: List all household members Attach another sheet of paper if you need to.
Column 2 –Gross income last month and how often it was received. For each household member 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 or 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 income after expenses. This is for your business, farm, or rental property. If you are in the Military Housing Privatization Initiative or get combat pay, do not include these allowances as income. If a member receives no income please check the No Income box.
- Part 4:** 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 5:** 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). Include today's date.

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

FEDERAL INCOME CHART			
For School Year July 1, 2017 to June 30, 2018			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

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.

The 2017-2018 Free and Reduced Price School Meals application

Part 1. Children in School (Use a separate application for each foster child)

Names of children in HUBBARD schools (First, Middle Initial, Last) if you need more room please use the back of this form	Grade/ Home Room	Do not use your Medicaid or Ohio Direction card number. Use your 10-digit Supplemental Nutrition Assistance Program* (SNAP, Food Stamp) or Ohio Works First (OWF) case number. Skip to Part 4 if you list a SNAP* or OWF case #											
1.													
2.													
3.													
4.													
5.													
6.													
7.													

Part 2. Foster Child Note: You must fill out a separate form for EACH Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$_____. Skip to Part 4.

Part 3. Household Income from Last Month—You must tell us how much and how often. Weekly, bi-weekly, monthly, etc.

1. Name (List all household members)	2. Last month's income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	No Income
<i>Jane Smith (Example)</i>	\$350/bi-weekly	\$175/monthly	\$400/monthly	\$50/weekly	<input type="checkbox"/>
1.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
2.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
3.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
4.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
5.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
6.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
7.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
8.	\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 4. 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 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 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 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 page 3.)

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.

Parent/Guardian Sign here: X _____ Date: _____

Print Name: X _____ Phone: () _____

Address: _____ City _____ Zip Code _____

Last four of Social Security Number ONLY: XXX -XX - _____ I do not have a Social Security Number

Do not fill out this section-School use only Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly 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/Approval 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: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____