

To Parent/Guardian:

The Cincinnati Public Schools serve meals each school day. Children may buy lunch for \$1.75 in elementary schools and for \$2.00 in secondary schools. Children in secondary schools may buy breakfast for \$.45. Children may get meals free or a reduced price. The reduced price is \$.40 for lunch and \$.30 for breakfast.

All meals served must meet patterns established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular school meal, his school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact Food Service for further information.

If you now get food stamps or OWF for your child, your child can receive free meals. If your total household income is the same or less than the amounts on the following Income Chart, your child can receive free meals or reduced price meals. A foster child may be eligible to receive free or reduced-price meals regardless of your household income.

Healthy Start & Healthy Families: Your child may be eligible for a new health insurance program for children.

Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

To receive free or reduced-price meals for your child, you must complete an application and return it to the school. We cannot approve an application that is not complete.

▼ Application Instructions:

To apply for free and reduced-price meals, complete this application using the instructions for your household. Sign the application and return the application to the school. Please complete a separate application for each foster child. Call Food Services if you need help, 363-0800.

▼ PART 1 - Student Information: ALL HOUSEHOLDS COMPLETE THIS PART.

- (a) Print the name of the child(ren) for whom you are applying.
- (b) List the grade, school, etc. (You are only required to complete the child's name. The rest of the information is for internal use only to identify student ID numbers.)

▼ PART 2 - Households getting food stamps or OWF: COMPLETE THIS PART AND PART 6.

- (a) List a current food stamp or OWF case number for each child.
- (b) Sign the application in PART 5. An adult household member must sign. SKIP PART 4. Do **not** list names of household members or income if you list a food stamp or OWF case number for each child.

▼ PART 3 - If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Project Connect at 363-3300.

▼ PART 4 - Households with a foster child: COMPLETE THIS PART AND PART 6. A FOSTER CHILD IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT.

- (a) List the foster child's monthly "personal use" income. Write "O" if the foster child does not receive "personal use" income. SKIP PART 5. Do not list any other children, household members or income.

Free or Reduced-Price Meals

(b) A foster parent or other official representing the child must sign the application in PART 6.

"Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.

▼ PART 5 - All other households: COMPLETE THIS PART AND PART 6.

(a) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child(ren) you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.

(b) Write the amount of income each household member received last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.

(c) An adult household member must sign the application and give his/her social security number in PART 5.

To Figure yearly Income: Weekly x 52 • Every 2 Weeks x 26 Twice a Month x 24 • Monthly x 12

Income to Report

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement Income
- Veteran's payments
- Social security

Welfare/Child Support/Alimony

- Public assistance payments
- Welfare payments
- Alimony/child support payments

Other Income

- Disability benefits
- Cash withdrawn from savings
- Interest/Dividends
- Income from Estates/Trusts/Investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Any other income

▼ PART 6 - Signature and Social Security Number: ALL HOUSEHOLDS COMPLETE THIS PART.

(a) All applications must have the signature of an adult household member;

(b) The application must have the social security number of the adult who signs. If the adult does not have a social security number, check the box to show that the adult does not have a social security number. If you listed a food stamp or OWF number for each child or if you are applying for a foster child, a social security number is not needed.

▼ PART 7 - Sharing Information With Other Programs

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. We must have permission to share your information. If you would like us to share your information for the tests, programs, grants and trust listed on the application, please check the YES box on Part 7.

▼ PART 8 - Sharing Information with Medicaid/Healthy Start, Healthy Families

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. If you do not want us to share your information with Medicaid and *Healthy Start, Healthy Families*, please check the NO Box on Part 8.

Income Chart			
Household Size	Annual	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each add'l member add	+6,660	+555	+129

▼ Part 9 - Racial/Ethnic Identity:

You are not required to answer this question to get free or reduced price meals. Completion of this information makes sure that everyone is treated fairly.

▼ Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child should receive free or reduced-price meals.

▼ Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Ms. Kelly, 2315 Iowa Avenue, Cincinnati, Ohio 45206, 363-0800

▼ Confidentiality: School officials use the information on the application only to decide if your child should get free or reduced-price meals.

▼ Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change such as a decrease in household income, an increase in household size, become unemployed or get food stamps or OWF for your child, complete an application.

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

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 employer.



Cincinnati Public Schools

Application for Free and Reduced-Price Meals 2008-2009 School Year

Valid through September 30, 2009

To apply for free and reduced-price meals, complete this application, sign your name and return the application to the school. Complete a separate application for each foster child. Call the Food Services Office at 363-0800 if you need help. **Only complete one application per household.**

▼ **1. Student Information:** Print

2. Food Stamp or OWF case number: List each child. Do not use Medicaid #.

Names of All Children In School	ID# <small>(School Use ONLY)</small>	Date of Birth	HR	Grade	Name of School	Food Stamp # or OWF#

▼ **3.** If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Project Connect at 363-3300. Homeless Migrant Runaway

▼ **4. Foster Child:** Check here if the child is a foster child. List the child's monthly personal use income. Write "0" if the child has no personal use income. \$ _____

▼ **5. Household Members and Monthly Income:** If you give a Food Stamp or OWF case number for each child, skip to **PART 5 (Signature)**.

Yearly Income Conversion: Weekly x 52 Every 2 weeks x 26 Twice a month x 24 Monthly x 12

Names of All Household Members <small>(List everyone in household)</small>	Gross Monthly Earnings (Before Deductions)		Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any Other Monthly Income	Check If No Income
	Job 1	Job 2				
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

▼ **6. Signature and Social Security Number:** I certify (promise) that all information on this application is true and that all income is reported or Food Stamp/OWF numbers are accurate. I understand that school officials may verify (check) the information. I understand that if I purposefully give false information, my children may lose meal benefits, and I may be prosecuted.

X _____
Signature of Adult Household Member (Required)

X _____
Social Security Number *(see reserve side) I do not have a social security number.

Printed Name _____ Home Telephone No. _____ Work Telephone No. _____

Street / Apt. No. _____ City / State / Zip _____ Date _____

▼ **7. Other Benefits:** You do not have to complete this part to get free or reduced price school meals.

Sharing information with other programs

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application for following tests, programs and/or Grants: SAT, ACT, PSAT, ACT Plan, Advanced Placement College Board tests, Upward Bound, GEAR Up, No Child Left Behind, Ed. Talent Search Programs and the Wm Woodward and Rebecca Friday Trust.

X _____
Signature of Parent/Guardian (Required if "Yes" is checked) Date _____

8. Sharing information with Medicaid / Healthy Start, Healthy Families

No! **I DO NOT** want information from my free and reduced price School Meals Application shared with Medicaid or the *Healthy Start, Healthy Families*.

X _____
Signature of Parent/Guardian Date _____

▼ **9. Race:** You are not required to answer this question to get free or reduced price meals. Completion of this information makes sure that everyone is treated fairly. Other
 White Black or African American Hispanic or Latino Not Hispanic or Latino Asian American Indian/Alaskan Native Native American/
Pacific Islander

*** 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) case number 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.

For School Use Only ▼ Do Not Write Below this Line

Yearly Income Conversion: Weekly x 52 • Every 2 Weeks x 26 • Twice a Month X 24 • Monthly x 12

Total Household Size _____ Monthly Income _____ Food Stamp _____ OWF _____

Eligibility Determination: Approved Free _____ Approved Reduced-Price _____ Denied _____ Temporary Until _____ Until _____ Until _____

Reason for Denial: Income Too High _____ Incomplete Application _____ Other _____

Change in Status: _____
Reason *Date* Date Withdrawn _____

CHIP _____ Yes _____ No

Signature of Determining Official _____ Date _____

Date Verification Notice Sent: _____ Response Due From Household _____ Second Notice Sent _____

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

Reason for Eligibility Change: Income _____ Household Size _____ Refused to Cooperate _____ Change in Food Stamp/OWF _____

Other _____

Date "Notice of Change" Sent to Parent/Guardian _____ Confirming Official's Signature _____ Date _____

Follow-up Official's Signagure _____ Date _____