

Maple Heights Board of Education
14605 Granger Road, Maple Heights, Ohio 44137 (216) 587-6100

Michael A. White, President
Pamela D. Crews, Vice President
Lori Chick, Robert F. Dober, Nicholas Dorsey

Dr. Charles T. Keenan Superintendent
Christopher D. Krause, Treasurer

Dear Parent/Guardian:

August 2009

*Children need healthy meals to learn. **Maple Heights City Schools** offers healthy meals every school day. Breakfast costs \$ 1.00; lunch costs \$ 1.75 in the elementary schools and \$ 2.00 in the secondary schools. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.*

- 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: Rocky Laurie, 14605 Granger Road, Maple Heights, OH 44137, 216-587-6100 extension 3300.**
- 2. Who can get free meals?** Children in households receiving benefits through the Food 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 price 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 **Mary Brown at the High School, 216-587-3200 extension 1030** 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 at **216-587-6100 extension 3300** 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 receiving Food Assistance Program (SNAP) benefits or getting 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 or writing to: **Christopher Krause, 14605 Granger Road, Maple Heights, OH 44137, 216-587-6100 extension 3100.**
- 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.
- 13. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 14. Why do I have to write down my food stamp number for each child?** We must have proof that each child receives food stamps. This is why you must write a food stamp number down on the application beside the name of each child in the household who receives food stamps.
- 15. Am I responsible for my child(ren)'s meals until my application is approved?** We approve all applications as quickly as possible. But, if you did not receive free or reduced meals last year in the district, you are responsible for all costs incurred until the process is complete.

If you have other questions or need help, call **216-587-6100 extension 3300.**

Sincerely,

Charles T. Keenan, Superintendent

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Food Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a 10-digit Food Stamp or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).

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 [Mary Brown at the High School at extension 1030](#).
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.

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 A—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 B –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, (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 C—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.

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

Names of all children in school (First, Middle Initial, Last)	School Building Name	Grade	10-digit Food Assistance Program*(SNAP, Food Stamp) or OWF case # Skip to Part 5 if you list a SNAP* or OWF case #												

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Mary Brown at 216-587-3200 extension 1030. 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)	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	
<i>(Example)</i> <i>Jane Smith</i>	<u>\$200/weekly</u>	<u>\$150/weekly</u>	<u>\$100/monthly</u>	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

Part 5. Signature and 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 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 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: _____
 Address: _____ Zip Code: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities: Asian American Indian or Alaska Native White Black or African American Native Hawaiian or Other Pacific Islander 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: _____ 2nd Notice Sent: _____ Results Sent: _____
 Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free _____ Reduced Price to Paid _____

E-Rate Family Survey 2010-11 School Year

The Federal Government E-rate Program provides federal dollars for technology. Returning this survey will help us provide your children with better learning tools. **PLEASE FILL OUT THIS FORM AND RETURN TO THE ADDRESS INDICATED.** This information will remain confidential.

Name _____
 Street Address _____
 City _____ State _____ Zip _____

Did you fill out a National School Lunch Program (NSLP) Form? Y ___ N ___ (Please check one)

How many people are in your family/household, including all children? _____

Please list all K-12 students in your family/household that attend the school district (no pre-k or adults).

Student's Name	Grade	School Name
Example: John Doe	7	Kennedy Middle School

DOES YOUR FAMILY/HOUSEHOLD RECEIVE:

- | | | |
|--|-----------|----------|
| 1. Food stamps? | Yes _____ | No _____ |
| 2. Medical assistance under Medicaid? | Yes _____ | No _____ |
| 3. Supplementary Security Income (SSI)? | Yes _____ | No _____ |
| 4. Temporary Assistance for Needy Families (TANF)? | Yes _____ | No _____ |
| 5. Section 8 housing assistance? | Yes _____ | No _____ |
| 6. Home energy assistance (LIHEAP)? | Yes _____ | No _____ |

If you answered "Yes" to ANY of questions # 1-6 above, you do not have to complete # 7.

7. What is your total family income? \$ _____ (check one) ___ yearly ___ monthly ___ weekly

Please return this form to :

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 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,311
Each additional person:	6,919	577	134

***SNAP: Food Assistance Program (formerly the Food Stamp Program)**

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 Assistance Program (SNAP, former Food Stamp Program), Ohio Works First (OWF) 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.