

## 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) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the school name and grade level for each child.  
Part 2: List the 7-digit case number for any household member (including adults) receiving SNAP or OWF benefits.  
Part 3: Skip this part.  
Part 4: Skip this part.  
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials 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: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the school name and school grade level for each child.  
Part 2: Skip this part.  
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Mary Ann Fenwick, at [mafenwick@ccliff.net](mailto:mafenwick@ccliff.net) or 937-766-6000. If not, skip this part.  
Part 4: Complete only if a child in your household is not eligible under Part 3. See instruction for all other households.  
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials 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 if you did not need to complete in part 4.  
Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

### IF YOU APPLY FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### **If all children in the household are foster children:**

- Part 1: List all foster children and the school name and grade level for each child. Check the box that indicates the child is a foster child.  
Part 2: Skip this part.  
Part 3: Skip this part.  
Part 4: Skip this part.  
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials 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: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

#### **If some children in the household are foster children:**

- Part 1: List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.  
Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.  
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Mary Ann Fenwick, at [mafenwick@ccliff.net](mailto:mafenwick@ccliff.net) or 937-766-6000.  
Part 4: Follow these instructions to report total household income from this month or last month.
- **Box 1—Name:** List all household members with income.
  - **Box 2 —Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the appropriate box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. 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. Do not include income from SNAP, FDIPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, report income after expenses under *Earnings from Work*. This is for your

business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she does not have one).

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box."

**Part 2:** If the household does not have a 7-digit SNAP or OWF case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Mary Ann Fenwick, at [mafenwick@ccliff.net](mailto:mafenwick@ccliff.net) or 937-766-6000. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1 – Name:** List all household members with income.
- **Box 2 – Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income - not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. 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. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.

**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine 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 their Social Security Number (or mark the box if he or she does not have one).

**Part 7:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**Do not complete this section. Intended 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 per Month, Month, Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_  
 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: \_\_\_\_\_ 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 \_\_\_\_\_

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

**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 are not required to provide information, but if information is not provided, the state agency 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.

**INCOME ELIGIBILITY GUIDELINES  
2022-2023**

Household size	Yearly	Monthly	Weekly
1	\$25,142	\$2,096	\$484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each Additional Person:	8,732	728	168

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# 2022-2023 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

## Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.  School Grade	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 7-digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Mary Ann Fenwick, at mafenwick@ccliff.net or 937-766-6000 If not, skip this part.**

Homeless ☐ Migrant ☐ Runaway ☐

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: ☐ Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

☐ No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.

Signature of Parent/Guardian: \_\_\_\_\_ 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 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 receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_ ☐ I do not have a Social Security Number

**Part 7. Children's ethnic and racial identities:** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> Black or African American

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## SHARING INFORMATION WITH OTHER PROGRAMS

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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.**

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- ☐ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.
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- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application **with Fee Waiver Program-by checking this box is the only way your fees will be waived.**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with The **Reading Program – by checking this box may allow your student to be included in the Reading Program.**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application **with Testing Fee Waiver Program – by checking this box your student's testing fees may be waived.**
- ☐ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application **with Athletic Fees- by checking this box your student's athletic fees may be waived.**

**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: \_\_\_\_\_



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

Dear Parent/Guardian:

If your children receive free or reduced-price school meals, they may also be eligible for free or low-cost health insurance through Medicaid or the State of Ohio Healthy Start, Healthy Families Program. 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 *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: \_\_\_\_\_

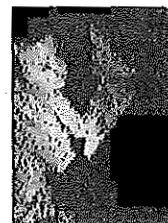
Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

For more information, you may call **Chad Mason** at **937-766-6000**.

**Return this form to: P.O. Box 45 Cedarville, OH 45314.**

This institution is an equal opportunity provider.

Does your child qualify for the School Meals Program?  
If so, your family may qualify for free health coverage!



## Healthy Start & Healthy Families

Healthy Start offers free health care coverage  
for kids (birth to age 19) and pregnant women.

Healthy Families offers free health care coverage for the  
entire family - parents AND kids.

Healthy Start & Healthy Families Covers:

Doctor Visits  
Hospital Care  
Immunizations  
Substance Abuse

Prescriptions  
Vision Services  
Dental Care  
Mental Health

And Much More!

For more information or an application, call:

**1-800-324-8680 (a free call!)**

TDD 1-800-292-3572

Monday - Friday 7 am to 8 pm

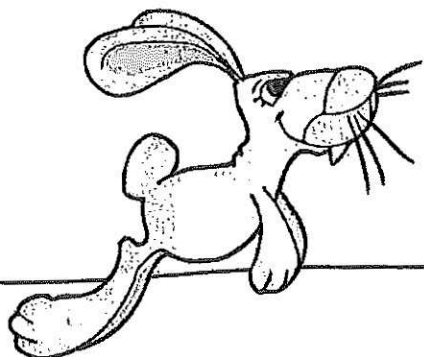
Saturday - Sunday 12 pm to 5 pm



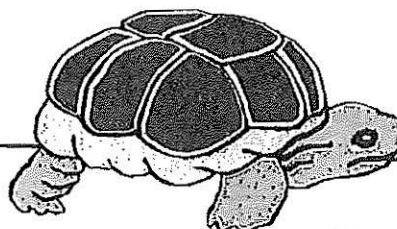
Your family's size and income determines if you and your family are eligible for Healthy Start or Healthy Families.  
Healthy Start & Healthy Families are Medicaid Programs administered by The Ohio Department of Job & Family Services



**Ate  
School Breakfast**



**Didn't eat  
School Breakfast**



**EAT SCHOOL BREAKFAST**  
**it gives you energy**

Cedar Cliff Local Schools

Time - 7:30 - 8:00 AM

Price - \$2.25

Location - Cafeteria

