

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

### NUTRITION SERVICES

Milford Exempted Village School District  
 1099 State Route 131, Milford, OH 45150  
 Telephone: (513) 576-2290, (513) 576-4160, (513)-576-2291 Fax: (513) 831-6448

### ONLINE FREE AND REDUCED APPLICATIONS

You are now encouraged to apply online for your children to receive free or reduced price school meals. Your application will be sent from a secure website for faster processing, so you don't need to worry about filling out a paper form that could be lost or misplaced.

To apply, simply go to [www.lunchapplication.com](http://www.lunchapplication.com) and click "Apply Now"; then choose "Milford-Williamsburg-Finneytown-John Paul" when prompted to SELECT A DISTRICT. This site is an easy, secure and convenient way to apply for free or reduced price meals.

If you have any questions, please contact Kathy King at (813) 576-2290.

Dear Parent/Guardian:

Children need healthy meals to learn. Milford Nutrition Services offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Reduced price is 30¢ for breakfast and 40¢ for lunch. Other lunch prices are listed on your District website. This packet includes an application for free or reduced price meal benefits and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

Students who were approved for free or reduced price meals and attended one of the schools listed below for the 17/18 school year will remain on the program until the expiration date. Check the chart below for your school's expiration date. This grace period allows time to process the numerous applications received at the beginning of the school year (*please allow 3 weeks prior to calling our office*). You will receive a letter stating your status for the 18/19 school year once your application has been processed. If you have not received notification by September 15<sup>th</sup>, please call the Nutrition Services' office at (513) 576-2290 to ensure your application has been received.

SCHOOL	EXPIRATION DATE
John Paul II	October 4, 2018
St. Columban	October 3, 2018
CEC North	September 27, 2018

**1. WHO CAN GET FREE OR REDUCED PRICE MEALS?**

- All children in households receiving benefits from the supplemental nutrition assistance program (SNAP) or Ohio Works First (OWF) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2018-2019			
Household size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail your school's homeless liaison or migrant coordinator listed on page 6.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. 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:

Milford Exempted Village School District  
 Attn: Kathy King – Nutrition Services,  
 1099 State Route 131, Milford, OH 45150  
[king\\_k@milfordschools.org](mailto:king_k@milfordschools.org)

**\*\*IMPORTANT\*\*** - If your child did not participate in the free or reduced price meal program last school year or is new to the school district, please complete the attached application AND place a checkmark in the "CHECK HERE IF YOU DID NOT RECEIVE FREE/REDUCED MEALS LAST YEAR OR IF YOU ARE NEW TO THE DISTRICT \_\_\_\_\_" area across the top of the application and return it to our office immediately.

4. **STOP!** If you have received a NOTICE OF DIRECT CERTIFICATION letter for free meals, **DO NOT** complete an application. Please read the letter you got carefully and follow the instructions. **\*\*\*If any children in your household were missing from your eligibility notification, contact Kathy King at (513) 576-2290 or Kim Gregory at (513) 576-4160 immediately!**
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for that school year and for the first few days of this school year. **Check the expiration date listed in the chart on the first page of this letter.** You must send in a new application unless the school told you that your child is eligible for the new school year via Direct Certification. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? **Yes.** We may also ask you to send written proof of the household income you report.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? **Yes,** you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
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: Mr. Jeff Johnson, Operations Manager, Milford Exempted Village School District, 1099 State Route 131, Milford, OH 45150 – (513) 831-1314.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? **Yes.** You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. **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. If you have lost a job or had your hours or wages reduced, use your current income.
12. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a "0" in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application. Contact Kathy King, 1099 State Route 131, Milford, OH 45150, (513) 576-2290, [king\\_k@milfordschools.org](mailto:king_k@milfordschools.org) to receive a second application if necessary. Applications are also available in each building office.

15. 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.

If you have other questions or need help, call Kathy King at (513) 576-2290 or Kim Gregory at (513) 576-4160.

Sincerely,

Gerry Levy  
Director, Nutrition Services

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## 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 school grade level for each child.
- Part 2: List the 10-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: Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 6: Answer this question if you choose to.

### IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A 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 or e-mail your school's homeless liaison or migrant coordinator listed on Page 6.
- Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.
- Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in part 4.
- Part 6: Answer this question if you choose to.

### IF YOU ARE APPLYING 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 school grade level for each child. Check the box indicating the child is a foster child.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 6: Answer this question if you choose to.

#### If some of the 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 or 10-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 or e-mail your school's homeless liaison or migrant coordinator listed on the back of Page 6. 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 tell us 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 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 and check the box to tell us how often each person got for the month 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, under *Earnings from Work*, report income after expenses.

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

**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

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

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

**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".

**Part 2:** If the household does not have a 10-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 or e-mail your school's homeless liaison or migrant coordinator listed on Page 6. 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 tell us 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 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 and check the box to tell us how often each person got for the month 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, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**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).

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

**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](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; or fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**\*\*IMPORTANT!\*\* CHECK HERE IF YOU DID NOT RECEIVE FREE OR REDUCED PRICE MEALS LAST YEAR OR IF YOU ARE NEW TO THE DISTRICT**

**2018-2019 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1. ALL HOUSEHOLD MEMBERS**

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) <i>*If all children listed below are foster children, skip to Parts 5 &amp; 6 to sign this form.</i>	Check if No Income
	School	Grade		
			<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 or 10-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: \_\_\_\_\_ CASE NUMBER:

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call or e-mail your school's homeless liaison or migrant coordinator listed on the back of this application (Page 6). 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")
<i>(Example) Jane Smith</i>	\$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"/>	\$ /
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**Part 5. 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 Page 4.)

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

Choose one ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  Asian  Black or African American  White  American Indian or Alaska Native  Native Hawaiian or other Pacific Islander

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: \_\_\_\_\_

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 \_\_\_\_\_



**SCHOOL DISTRICTS' HOMELESS LIAISON OR MIGRANT WORKER COORDINATORS**

SCHOOL	HOMELESS LIAISON, MIGRANT COORDINATOR	PHONE	EMAIL
John Paul II	Leanora Roach	(513) 521-0860	nroach@jpiics.org
SASEAS	Jay Batterson	(513) 576-4178	batterson_j@milfordschools.org
St. Columban	Jay Batterson	(513) 576-4178	batterson_j@milfordschools.org
CEC North	Jay Batterson	(513) 576-4178	batterson_j@milfordschools.org

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 age19) and pregnant women.

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

Healthy Start & Healthy Families Covers: Doctor Visits, Prescriptions, Hospital Care, Vision Services, Immunizations, Dental Care, Substance Abuse, & 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

