



August 2003

Business Affairs  
(330)-761-1340

Buildings & Grounds  
(330) 761-1375

Child Nutrition  
(330) 761-1335

Project Management  
(330) 761-1365

Purchasing & Distribution  
(330) 761-1355

Telecommunications  
(330) 761-1353

Transportation  
(330) 761-1390

DEAR PARENT OR GUARDIAN:

The Akron Public Schools serve nutritious meals every school day for their student population. Students may participate in the lunch program for \$1.10 daily at the elementary level. Secondary students may purchase 5 (five) lunch tickets for \$6.00 (\$1.20) or pay \$1.35 without ticket. Breakfast meals, where applicable, will be served at no cost to the students regardless of meal status. All meals served must meet nutrition standards established by the U. S. Department of Agriculture.

If you now receive food stamps or OWF for your children, your children may be eligible for free meals. **If you did not receive a notice of your children's eligibility in the mail during August, you should fill out and return this application to your child's school. (NOTE: MEDICAID AND HEALTHY START CASE NUMBERS ARE NOT ELIGIBLE FOR FREE MEALS. OHIO DIRECTION CARD NUMBERS ARE NOT FOOD STAMP CASE NUMBERS.)** If your total household income is the same or less than the amounts on the Income Chart below, your children may be eligible for free meals or reduced price meals. A foster child may be eligible to get free or reduced price meals regardless of your household income. The reduced price is \$.40 for lunch. Breakfast meals where available will be served free of charge to students with reduced price lunch meal status. The reduced price income chart is shown.

If you did not receive a Direct Certification-Eligibility Notification Letter for your child, you must complete an application for that child and return it to the school to be evaluated for free or reduced price meals. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE. (If you have any questions or need help in filling out the application, please contact the Child Nutrition Office at 330-761-1335. A correctly completed application will ensure a timely processing of the application.)

INCOME CHART

<u>HOUSEHOLD SIZE</u>	<u>ANNUAL</u>	<u>MONTHLY</u>	<u>WEEKLY</u>
1	16,613	1,385	320
2	22,422	1,869	432
3	28,231	2,353	543
4	34,040	2,837	655
5	39,849	3,321	767
6	45,658	3,805	879
7	51,467	4,289	990
8	57,276	4,773	1,102
For Each Additional Member	+5,809	+ 485	+112

## HOW TO APPLY

**IF YOU NOW RECEIVE FOOD STAMPS/OWF FOR THE CHILD FOR WHOM YOU ARE APPLYING (AND HAVE NOT BEEN DIRECTLY CERTIFIED)** the application must have the child's name and school, a food stamp or OWF case number, and the signature of an adult household member.

**NOTE: MEDICAID AND HEALTHY START CASE NUMBERS ARE NOT ELIGIBLE FOR FREE MEALS. OHIO DIRECTION CARD NUMBERS ARE NOT FOOD STAMP CASE NUMBERS.**

**IF YOU ARE APPLYING FOR A FOSTER CHILD,** (through a Local/State/Federal Agency), the application must have the child's name, school, the child's "personal use" income, and an adult's signature.

**IF YOU DO NOT LIST A FOOD STAMP OR OWF CASE NUMBER,** then the application must have the child's name and school, the names of all household members, the amount of income each person received last month, from where it was received, and how often it was received, the signature of an adult household member and that adult's social security number, or check the box "I do not have a social security number" if the adult does not have a social security number.

**VERIFICATION:** Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should get free or reduced price meals.

**FAIR HEARING:** If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with the Coordinator of Child Nutrition Services. You, also, may ask for a fair hearing. You may do this by writing: Director, Student/Counselor Services, Akron Public Schools, 70 N. Broadway, Akron, OH 44308.

**REPORTING CHANGES:** If your children receive free or reduced price meals because of your income, you must inform the Child Nutrition Office if the number of people in your household decreases or your income increases by more than \$50 per month or \$600 per year. If your children receive free meals because they get food stamps or OWF, you must inform The Child Nutrition Office when you are no longer receiving OWF or food stamps.

**CONFIDENTIALITY:** School officials use the information on the application only to decide eligibility and verify data. School officials may inform officials connected with Title 1, the National Assessment of Educational Progress, and the No Child Left Behind Act whether your child/children is/are eligible for free or reduced price school meals. They will share this 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 official to help them look into misuse of program rules. Information may also be disclosed if you want the application to be used for other benefits.

**FREE HEALTH CARE:** Families with children for school meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at [www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm](http://www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm). A flyer is posted in all school offices. **\*Please Note: If you already have an Ohio Medicaid Card, you are already getting these services.**

**REAPPLICATION:** You may apply for the meal programs 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 children, complete an application.

**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 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. If a child has been determined by a doctor to have a disability and the disability prevents the child from eating the regular school meal, the school will make 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 the Child Nutrition Services Department, 330-761-1335.

**NOTICE OF ELIGIBILITY:** You will be notified of the approval or denial for free or reduced-priced meals. **Until notification from the Child Nutrition Services Department, provisions for your child's meals is your responsibility.** When the student becomes eligible for free/reduced-priced meals, meal status information will be issued at his/her school. High school and Middle school students' meal status information will be available for pick-up from the Child Nutrition Manager in the cafeteria. Elementary students will receive meal status information in their classrooms.

To maintain accurate records and establish a correct count, Akron Public Schools require that cash (where applicable) be given to receive a meal unless the student is eligible for free meals. Students are responsible for providing daily payment. Students will not be allowed to charge a meal. Students will be allowed a meal replacement only three times during the school year.

AKRON PUBLIC SCHOOLS  
BUSINESS AFFAIRS  
CHILD NUTRITION SERVICES

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals, complete the application using the instructions for your household. Sign the application and return the application to the school. Please complete a separate application for each child using the child's name as it appears on school records. Make sure that your child's school name appears at the top of the application.

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**HOUSEHOLDS GETTING FOOD STAMPS OR OWF, AND ARE APPLYING AFTER THE START OF THE SCHOOL YEAR: COMPLETE PART I, PART II AND PART V.**

- (a) List child's name, address, date of birth, age, grade and homeroom number.
- (b) List a current food stamp or OWF case number for your child. Valid case #'s have 10 numbers.
- (c) Sign the application. An adult household member must sign. (NOTE: If you listed a food stamp or OWF number for the student, a social security number is not needed.)

NOTE: MEDICAID AND HEALTHY START CASE NUMBERS ARE NOT ELEGIBLE FOR FREE MEALS.  
OHIO DIRECTION CARD NUMBERS ARE NOT FOOD STAMP CASE NUMBERS!

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**HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE PART I, PART III AND PART V - A foster child is the legal responsibility of a welfare agency or court.**

- (a) List child's name, address, date of birth, age, grade and homeroom number.
- (b) Check "Yes" that student is a foster child. List the foster child's monthly "personal use" income. Do not list any other children, household members, or income. The foster child is a family of one.
- (c) A foster parent or other approved official representing the child must sign the application in Part V. (Note: The social security number of the foster parent or other approved official representing the child is not required.)

**"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 gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.

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**ALL OTHER HOUSEHOLDS: COMPLETE PART I, PART IV AND PART V**

- (a) List child's name, address, date of birth, age, grade and homeroom number.
- (b) Write the first and last names of everyone living in your household, whether they get income or not. Include yourself, the child(ren) you are applying for, all other children, your spouse, and other related and unrelated people living in your household (such as grandparents, other relatives, or friends). Attach another piece of paper if you need more space.
- (c) List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, bi-weekly (every other week), twice a month, or monthly). *Other income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, 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 from self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If the person does not have any income, check the box.

**IF YOU RECEIVE ONE CHECK PER MONTH FOR SEVERAL PEOPLE, LIST THAT CHECK ONE TIME ONLY! DO NOT USE DITTO MARKS OR DRAW ARROWS! DO NOT TOTAL YOUR INCOME-WE WILL DO THIS FOR YOU!**

Example: Mother receives 1 check for 3 children - DO NOT write the amount of that check beside the name of each child.

- (d) An adult household member must sign the application and give his/her social security number in Part V, or mark the box if he or she doesn't have one..

## HOW TO FIGURE GROSS (BEFORE TAXES) INCOME:

REPORT THE TYPE OF INCOME RECEIVED LAST MONTH, AND HOW OFTEN IT WAS RECEIVED. PLEASE DO NOT REPORT THE SAME INCOME TWICE, OR TOTAL YOUR INCOME.

EXAMPLE: \$100.00/WEEKLY \$100.00/BI-WEEKLY (EVERY OTHER WEEK) \$100.00/MONTHLY  
\$100.00/TWICE A MONTH (IE 15<sup>TH</sup> & 30<sup>TH</sup>).

### Earnings from Work

Wages/salaries/tips

### Welfare/Child Support/Alimony

Public assistance payments

Welfare payments (does not include  
Food Stamps)

Alimony/child support payments

### Pensions/Retirement/Social Security

Pensions

Supplemental Security Income

Veteran's payments

Social Security

Permanent Disability (including Worker's Comp  
permanent awards)

Retirement Income

### Monthly Temporary

Unemployment Compensation

Worker's Compensation (non-  
permanent claims)

Temporary Employment Companies

Temporary Disability benefits

Strike Benefits

### Other Income

Net royalties/annuities/net Rental income

Interest/Dividends

Income from Estates/Trusts/Investments

Regular contributions from persons not living  
in the household

Net income from self-owned business or farm

Cash withdrawn from Savings

Any other income

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### **SIGNATURE AND SOCIAL SECURITY NUMBERS: 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 "I do not have a social security number."

(Note: If you listed a food stamp or OWF number for the student or if the student is a foster child, a social security number is not needed.)

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### **RACIAL/ETHNIC IDENTITY:**

Complete the racial/ethnic identity question if you wish. You are not required to answer this question to get free or reduced-price meals. We need this information to make sure that everyone is treated fairly.

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**OTHER BENEFITS: (FREE HEALTH CARE)** Families with children eligible for school meals may be eligible for FREE health care coverage through Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescription, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at [www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm](http://www.state.oh.us/odjfs/ohp/bcps/hshf/index.stm). **\*Please Note: If you already have an Ohio Medicaid Card, you are already getting these services.**