



Northwood Local Schools

Home of the Rangers
"Excellence in Education"

Board of Education 700 Lemoyne Road Northwood, Ohio 43619 419-691-3888

Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Northwood Local School** offers healthy meals each school day. Breakfast costs **\$1.50 Elem. / \$2.00 JH/HS** and lunch costs **\$ 3.25 Elem. / \$3.50 JH/HS**. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is **\$.30 cents** for breakfast and **\$. 40 cents** for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. Who can receive free or reduced-price meals?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF); foster children that are under the legal responsibility of a foster care agency or court; children participating in their school's Head Start program; and children who meet the definition of homeless, runaway, or migrant are eligible for free meals. Also, your children may receive free or reduced-price meals if your household's income is within the federal income eligibility guidelines limits.

| INCOME ELIGIBILITY GUIDELINES 2023-2024 | | | |
|-----------------------------------------|----------|---------|--------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$26,973 | \$2,248 | \$519 |
| 2 | 36,482 | 3,041 | 702 |
| 3 | 45,991 | 3,833 | 885 |
| 4 | 55,500 | 4,625 | 1,068 |
| 5 | 65,009 | 5,418 | 1,251 |
| 6 | 74,518 | 6,210 | 1,434 |
| 7 | 84,027 | 7,003 | 1,616 |
| 8 | 93,536 | 7,795 | 1,799 |
| Each Additional Person: | 9,509 | 793 | 183 |

- 2. How do I know if my children qualify as homeless, migrant or runaway?** If members of your household lack a permanent address; are staying together in a shelter, hotel or other temporary housing arrangement; relocate on a seasonal basis or; children live with you who have chosen to leave their prior family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will receive free meals, please call or email **Northwood Local School at ebires@northwoodschoools.org or 419-691-3888 ext. 2004** to see if they qualify.
- 3. Do I need to fill out an application for each child?** No. Use one free and reduced-price school meal application for all students in your household. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to Emilia Bires 700 Lemoyne Road, Northwood, Ohio 43619 or 419-691-3888 ext. 2004**
- 4. Should I complete an application if I received a letter this school year saying my children are approved already for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact **Emilia Bires 700 Lemoyne Road, Northwood, Ohio 43619 or 419-691-3888 ext. 2004** immediately.

5. **Can I apply online?** Yes. If possible, you are encouraged to complete an online application instead of a paper application. The online application requirements are the same and will request the same information as the paper application. Visit www.northwoodschools.org to begin or to learn more about the online application process. **Emilia Bires 700 Lemoyne Road, Northwood, Ohio 43619 or 419-691-3888 ext. 2004 with any questions about the online application.**
6. **My child's application was approved last year. Do I need to complete another application?** Yes. Your child's application is valid for that school year and for the start of this school year. You are required to submit a new application unless the school notified you that your child is eligible for the new school year.
7. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.
8. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
9. **If I do not 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.
10. **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 the following contact person: **Superintendent Jason Kozina at 419-691-3888 ext. 2001 or email at jkozina@northwoodschools.org**
11. **May I apply if someone else 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.
12. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, submit the report with the routine amount of \$1,000 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.
13. **What if some household members have no income to report?** Household members may not receive some types of income that are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the corresponding field. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.
14. **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 also must 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 also is excluded from income.
15. **What if there is not 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 **Emilia Bires 700 Lemoyne Road, Northwood, Ohio 43619 or 419-691-3888 ext. 2004 to receive a second application**

16. WHY AM I BEING ASKED TO GIVE MY CONSENT FOR AN INSTRUCTIONAL FEE WAIVER? OHIO PUBLIC SCHOOLS ARE REQUIRED TO WAIVE THE SCHOOL INSTRUCTIONAL FEES FOR CHILDREN THAT QUALIFY FOR FREE MEAL BENEFITS. SCHOOL FOOD SERVICE PERSONNEL MUST HAVE PARENT CONSENT TO SHARE THE STUDENT MEAL APPLICATION IF YOUR CHILD(REN) QUALIFY FOR A FEE WAIVER. IF YOU AGREE TO ALLOW YOUR CHILD(REN)'S MEAL APPLICATION TO BE SHARED WITH SCHOOL OFFICIALS TO SEE IF THEY QUALIFY FOR A FEE WAIVER THEN SELECT **YES** IN PART 5. IF YOU DO NOT WISH FOR THAT INFORMATION TO BE SHARED, THEN SELECT **NO** IN PART 5. ANSWERING NO TO THIS QUESTION WILL MEAN YOUR CHILD WILL NOT BE CONSIDERED FOR A FEE WAIVER. ANSWERING THIS QUESTION EITHER WAY WILL NOT CHANGE YOUR CHILD(REN)'S FREE OR REDUCED-PRICE MEAL ELIGIBILITY.

17. My family needs more help. Are there other programs we might apply for? To find out how to apply for Ohio Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call **419-691-3888 ext. 2004.**

*Si necesita ayuda, por favor llame al teléfono: **419-691-3888 ext. 2004.***

*Si vous voudriez d'aide, contactez nous au numero: **419-691-3888 ext. 2.***

Sincerely,
Emilia R Bires

2025-2026 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

| Part 1. ALL HOUSEHOLD MEMBERS | | | | | | | | | | | | | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|
| Names of <u>all</u> 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"/> | | | | | | | | | | |

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 Emilia Bires 700 Lemoyne Road, Northwood, Ohio 43619 or 419-691-3888 ext. 2217 Homeless ☐ Migrant ☐ Runaway ☐

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it.

| 1. NAME (List everyone 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 (include 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"/> | \$ _____ / _____ |
| | \$ | <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: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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: _____ 2nd Notice Sent: _____ Results Sent: _____

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