Dear Parent/Guardian:

Children need healthy meals to learn. Northwood Local School offers healthy meals each school day. Breakfast costs $1.75 & $1.25 and lunch costs $3.25 & $3.00. 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.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,828</td>
<td>$1,986</td>
<td>$459</td>
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<tr>
<td>2</td>
<td>32,227</td>
<td>2,686</td>
<td>620</td>
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<td>3</td>
<td>40,626</td>
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<td>8</td>
<td>82,621</td>
<td>6,886</td>
<td>1,589</td>
</tr>
<tr>
<td>Each additional person</td>
<td>8,399</td>
<td>700</td>
<td>162</td>
</tr>
</tbody>
</table>

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 at ebires@northwoodschoools.org at or 419-691-3888 ext. 2217 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 Mrs. Emilia Bires, 600 Lemoyne Road, Northwood, Ohio 43619, 419-691-3888 ext. 2217.

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 Mrs. Emilia Bires, 600 Lemoyne Road, Northwood, Ohio 43619, 419-691-3888 ext. 2217 immediately.

5. **Can I apply online?** Yes. You are encouraged to complete an online application instead of a paper application if possible. The online application requirements are the same and will request the same information as the paper application. Visit www.northwoodschoools.org to begin or to learn more about the online application process. Contact Emilia Bires, 600 Lemoyne Road, Northwood, Ohio 43619 419-691-3888 ext. 2217 with any questions about the online application.
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 told you that your child is eligible for the new school year.

6. 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.

7. Will the information I give be checked? Yes, we also may ask you to send written proof.

8. 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.

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 the following contact person: Mrs. Emilia Bires, 600 Lemoyne Road, Northwood, Ohio 43619, 419-691-3888 ext. 2217

10. 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.

11. 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.

12. 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.

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 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.

14. 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, 600 Lemoyne Road, Northwood, Ohio or call 419-691-3888 ext. 2217 to receive a second application.

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 419-691-3888 ext. 2217
Si necesita ayuda, por favor llame al teléfono: 419-691-3888 ext. 2217
Si vous voudriez d’aide, contactez nous au numéro: 419-691-3888 ext. 2217

Sincerely,

Northwood Foodservice Director
# 2021-2022 Free and Reduced-Price School Meals Application

## Part 1. All Household Members

<table>
<thead>
<tr>
<th>Names of all household members (First, Middle Initial, Last)</th>
<th>Name of school and grade level for each child (or indicate &quot;NA&quot; if child is not in school)</th>
<th>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.</th>
<th>Check if No Income</th>
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## Part 2. BENEFITS: If any member of your household receives SNAP or 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 Northwood School or ebres@northwoods.org 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. Check the box for how often it is received. Record each income only once.

### 2. Gross Income and How Often It Was Received

1. **NAME**
   (List all household members with income)

   **(Example) Jane Smith**

   - Earnings from work before deductions: $200
   - Weekly: $150
   - Every 2 Weeks: $0
   - Twice Monthly: $50 / quarterly
   - Monthly: 
   - Welfare, child support, alimony: 
   - Monthly: 
   - Pensions, retirement, Social Security, SSI, VA benefits: 
   - Weekly: 
   - Every 2 Months: 
   - Twice Monthly: 
   - Monthly: 
   - All Other Income (include frequency, such as "weekly", "monthly", "quarterly", "annually"): 

   **$**

   **$**

   **$**

   **$**

   **$**

   **$**

## 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 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 6. 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:

- Hispanic/Latino
- Asian
- American Indian or Alaska Native
- Not Hispanic/Latino
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

Choose one or more (regardless of ethnicity):

- Asian
- American Indian or Alaska Native
- Black or African American
- White
- 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

<table>
<thead>
<tr>
<th>Total Income: ________</th>
<th>Per: ① Week, ② Every 2 Weeks, ③ Twice per Month, ④ Month, ⑤ Year</th>
</tr>
</thead>
</table>
| ① ② ③ ④ ⑤             | Household size: ________

Categorical Eligibility: ___ Date Withdrawn: ________ Eligibility: Free ⑨ Reduced ⑩ 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 ① Free to Reduced Price ② Free to Paid ③ Reduced Price to Free ④ Reduced Price to Paid ⑤
Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

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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.

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: How to File a Complaint, 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:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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