

**Ohio Department of Education
Office of Integrated Student Supports – Child Nutrition Programs
National School Lunch Program**

**SCHOOL MEAL APPLICATION AND
SHARING OF APPLICATION INFORMATION FORMS
For the 2021-2022 Program Year**

Instructions for School Districts

This packet contains:

Required information that *must* be provided to households:

- Letter to households
- Free and reduced-price school meals application
- Notice to households of approval/denial of benefits¹

Optional application-related materials that *may* be provided to households:

- Sharing Information with Medicaid and *Healthy Start, Healthy Families*
- Sharing Information with other programs

Optional application-related materials that *may* be posted at the school:

- *Healthy Start, Healthy Families* flyer informing households of the opportunity to apply for free health care coverage

Pages are designed to be printed on 8½" by 11" paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks.

Highlighted brackets indicate fields where applicants should insert school district specific information. If you make additional changes, you must submit your application package to the Ohio Department of Education, Office of Integrated Student Supports for approval.

This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

Please contact our office with any questions.

Ohio Department of Education
Office of Integrated Student Supports
25 South Front Street, Mail Stop 303
Columbus, Ohio 43215
(800) 808-6325
child.nutrition@education.ohio.gov

¹. All households must be notified of their eligibility status and provide eligible children their benefits within 10 operating days of receipt of the application. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, appeal instructions and a statement that the family may reapply for free and reduced-price meal benefits at any time during the school year. Households with children who are approved for free or reduced-price benefits may be notified in writing or verbally.

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 told 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: **Principal, 1330 Atcheson Street, Columbus, Ohio 43203, 614-610-4544.**
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 **Office Manager], 1330 Atcheson Street, Columbus, Ohio 43203, 614-610-4544** to receive a second application.
16. **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 **614-610-4544.**

Si necesita ayuda, por favor llame al teléfono: 614-610-4544.

Si vous voudriez d'aide, contactez nous au numero: 614-610-4544.

Sincerely,
Valor Academy

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 SNAP or OWF 7-digit 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 [**Valor Academy, HOMELESS LIAISON, or MIGRANT COORDINATOR** at sylvia.goodrich@valoroh.org or 614-610-4544. 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 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, 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: 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 doesn't have one).

Part 6: 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: _____ 2nd 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:

INCOME ELIGIBILITY GUIDELINES 2021-2022			
Household size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person:	8,399	700	162

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.

**Ohio Department of Education
Office of Integrated Student Supports – Child Nutrition Programs
National School Lunch Program**

**PROTOTYPE NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS
for the 2021-2022 Program Year**

Please place the following information on school letterhead.

Dear Parent/Guardian:

You applied for free or reduced-price meals for the following child(ren):

Your application for free or reduced-price meals for your child(ren) has been:

Approved for free meals.

Approved for reduced-price meals at \$.40 for lunch, \$.30 for breakfast

Denied for the following reason(s):

Income over the allowable amount.

Incomplete application for _____

Other _____

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name Principal]

Address 1330 Atcheson Street
Columbus, Ohio 43203

Phone 614-610-4544

If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or become eligible to receive Food Assistance Program (SNAP) or OWF funds, fill out an application at that time.

Sincerely,

Name	Title	Date
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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

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 able to get 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: _____

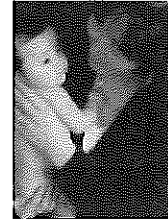
Printed Name: _____ Address: _____

For more information, you may call **Office Manager** at **614-610-4544**.
Return this form to: 1330 Atcheson Street, Columbus, Ohio 43203 by 9/15/2021.

This institution is an equal opportunity provider.

Healthy Start & Healthy Families

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.

U.S. Department of Agriculture (USDA)
INCOME ELIGIBILITY GUIDELINES
Effective July 1, 2021 through June 30, 2022

Households with total incomes less than or equal to the values below are eligible for free or reduced-price meals.

HOUSEHOLD SIZE	FREE						REDUCED					
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		
1	\$16,744	\$1,396	\$698	\$644	\$322	\$23,828	\$1,986	\$993	\$917	\$459		
2	22,646	1,888	944	871	436	32,227	2,686	1,343	1,240	620		
3	28,548	2,379	1,190	1,098	549	40,626	3,386	1,693	1,563	782		
4	34,450	2,871	1,436	1,325	663	49,025	4,086	2,043	1,886	943		
5	40,352	3,363	1,682	1,552	776	57,424	4,786	2,393	2,209	1,105		
6	46,254	3,855	1,928	1,779	890	65,823	5,486	2,743	2,532	1,266		
7	52,156	4,347	2,174	2,009	1,003	74,222	6,186	3,093	2,855	1,428		
8	58,058	4,839	2,420	2,233	1,117	82,621	6,886	3,443	3,178	1,589		
Each Additional Member Add	+5,902	+492	+246	+227	+114	+8,399	+700	+350	+324	+162		

INCOME CONVERSION:

Weekly Income x 52 = **Annual income**
Every Two Weeks (Every other week, Biweekly) x 26 = **Annual income**
Twice a Month Income (Bimonthly) x 24 = **Annual income**

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE APPLICATIONS FOR FREE AND REDUCED-PRICED MEALS.