

*FREE &  
REDUCED  
APPLICATION*

*~ PLEASE READ ~  
IMPORTANT  
INFORMATION*

*2011-2012*

## Fairborn City Schools Child Nutrition Services

Dear Parents/Guardians:

The Child Nutrition Department would like to welcome you back to another school year. We would like to take this time to define the breakfast/lunch system your child will be using in the cafeteria. We would also like to explain some of our policies and procedures.

Here are some things you need to know:

- ❖ Every student has a student ID number. This number identifies your child and is used throughout his entire stay at Fairborn City Schools. Each student is to memorize his student ID number.
- ❖ Our department installed a point of sale system. This system is designed to ensure that student's transactions are private. The student's status (paid, reduced or free) will not be recognized by anyone other than the system.
- ❖ All students will be required to enter their pin number regardless of meal status or payment method, thus ensuring your child's privacy. All students in Kindergarten and First grade will receive cards that they will bring to lunch everyday.
- ❖ All students have several options of payment. We accept cash or check. Please include your child's first and last name on the memo part of your check.
- ❖ Fairborn Child Nutrition Service is now offering automated prepayments to your child's school account via the telephone or internet. Simply dial in or log on and use a credit card, debit card or a check to fund your child's account. [www.mealpayplus.com](http://www.mealpayplus.com). This is a great option for our parents and students. It speeds up our lines! Please visit our site at [www.fairborn.k12.oh.us](http://www.fairborn.k12.oh.us) and click on Child Nutrition for more details.
- ❖ Elementary (K-5) receives "Breakfast at No Cost". Lunch cost for grades K-5 is \$2.10. Students must pay cash for any snacks. *As a courtesy, we allow two charges.* Your child will receive peanut butter sandwich/crackers or cheese sandwich/crackers until the charge is paid. *Some schools choose to do this as a courtesy and some do not allow any at all.* We do send "Charge Notices" daily. Please check book bags, pockets, folders, etc. for these slips. Extra milk is \$.50. Encourage students to select fresh fruits and vegetables as a choice. We also offer multi-/whole grains and skim milk.
- ❖ Baker Middle and Fairborn High School ~ we offer breakfast at Baker Middle School and Fairborn High School for \$1.35. Middle and High School have two lunch options. \$2.35 for first option and \$3.10 for second option. They have many menu choices daily. We do not allow any charges at the Middle and High School.
- ❖ Free and Reduced applications should be turned in immediately. If you received notice by mail of your status, you will NOT need to fill out an application. \* All Direct Certification information is received before school starts. \* Please remember to check section "Part 5" regarding waived fees.
- ❖ The cut off day will be September 23, 2011. If you were approved for free or reduced price lunches last year, your status will be the same as last year until September 23, 2011. New applications must be filled out each year. We have a lot of applications to process and you will be notified by mail regarding your status. Please send lunch money with your child until you receive notice regarding free and reduced lunches. One application per family please. Include all household members and list all children and grades attending. Every student will receive an application.
- ❖ You are encouraged to fill out a free and reduced application. You may fill out an application any time during the year. If your income changes, you may be qualified for free or reduced lunches.

If you have any questions, please visit our website; [www.fairborn.k12.oh.us](http://www.fairborn.k12.oh.us) or feel free to call our office: 937-879-8176

Thank you,



Paula M. Montgomery

## 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** 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 Mr. Gibbons, 937-878-3961.  
**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instruction for All Other Households.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** 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 7:** 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** 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 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 Mr. Gibbons, 937-878-3961. 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** 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 7:** 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 Mr. Gibbons, 937-878-3961. 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.

**Part 6:** 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 7:** Answer this question if you choose to.

**2011-2012 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION  
FAIRBORN CITY SCHOOLS**

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) *If all children listed below are foster children, skip to Part 5 to sign this form.	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, formally Food Stamps) or Ohio Works First (OWF) benefits, provide the name and 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:** \_\_\_\_\_ **10-DIGIT CASE NUMBER:** \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Fairborn City Schools, Edward Gibbons, 937-878-3961 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")
(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"/>	\$ _____ / _____
\$		<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. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a **FEE WAIVER**. ~Answering this question will not change whether your children will get free or reduced price meals.~

Please check a box:  Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.  
 No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: \_\_\_\_\_ 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 get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

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 (optional)**

Choose one ethnicity:  
 Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian  
 White  
 Black or African American  
 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: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

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 \_\_\_\_\_

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			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

**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 social security number of the adult household member who signs the application. 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) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.

**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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer".

**FAIRBORN CITY SCHOOLS  
CHILD NUTRITION SERVICES**

Dear Parent/Guardian:

*Children need healthy meals to learn. Fairborn City Schools offers healthy meals every school day.*

**Elementary Breakfast ~ No Cost ~ Elementary Lunch ~ \$2.10**

**Baker Middle School and Fairborn High School Breakfast \$1.35**

**Baker Middle School and Fairborn High School Lunch**

**\$2.35 First Option \$3.10 Second Option**

**Extra Milk \$.50**

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. **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: Paula M. Montgomery, 1020 S. Maple Ave., Fairborn, Ohio 45324.**
- 2. Who can receive free meals?** All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits can receive free meals regardless of your income. Also, your children can receive, free meals if your household's gross income is within the free limits on the Federal Income Guidelines.
- 3. Can foster children receive free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. Can homeless, runaway or migrant children receive free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you have not been told your children will get free meals, please email, **Edward Gibbons, egibbons@fairborn.k12.oh.us** or call, **937-878-3961**, to see if they qualify.
- 5. Who can receive reduced price meals?** Your children can receive low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart shown on this application.
- 6. Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Carefully read the letter and follow the instructions. Call the school at **937-879-8176** if you have questions.
- 7. My Child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for last school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. **DEADLINE TO APPLY WILL BE FRIDAY, SEPTEMBER 23, 2011.**
- 8. I receive WIC. Can my child(ren) receive free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 9. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 10. 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.
- 11. 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: **Edward Gibbons, 306 E. Whittier Avenue, Fairborn, Ohio 45324.**
- 12. May I apply if someone 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.
- 13. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and

expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

**14. 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, indicate 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.

**15. We are in the military. Do we include our housing allowance as income?** If you get an off-base housing allowance, it 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.

**16. My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

**17. Why am I being asked about giving my consent for an instructional fee waiver?** Ohio public schools are required to waive the school instructional fees for children who qualify for free meal benefits. School Food Service personnel must have parent consent to share student meal application information 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 he/she qualifies for a fee waiver then check "yes" in part 5. If you do not wish for that information to be shared, then check "no" in part 5. Answering no to this question will mean your child will not be able to be considered for a fee waiver.** Answering this question either way will not change whether your child(ren) will get free or reduced price meals.

**18. 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 937-879-8176.**  
**Si necesita ayuda, por favor llame al teléfono: 937-879-8176.**  
**Si vous voudriez d'aide, contactez nous au numéro: 937-879-8176**

**DEADLINE TO TURN IN APPLICATION AT BEGINNING  
OF YEAR  
SEPTEMBER 23, 2011**

**Applications available at each school or at the Child Nutrition Services Office  
You may apply any time during the school year if your income changes.**

Sincerely,  
*Paula M. Montgomery*