Worthington Schools Free and Reduced School Meals Application 2023-2024 School Year

READ FIRST

Please read carefully before filling out your application.

Return one application per household to the Worthington Schools Food Service Department for approval. You do not need a separate application for each student or school.

Applications can be downloaded and printed at the Worthington Schools website www.worthington.k12.oh.us.

Applications can also be filled out online at the Worthington Schools website https://frapps.horizonsolana/WORS01

Waivers: Worthington Food Service Department must have parent consent to share application information. Waivers are listed on a separate waiver page. There are separate waivers for instructional fees, athletic/activity participation fees and testing fees. You must check "yes" for each box if you want information shared for each program. Checking "no" will not change meal benefits to your child(ren).

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Worthington City Schools offers healthy meals every school day. Breakfast costs \$1.60; lunch costs \$2.75 Elementary \$3.00 Secondary. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.00 for breakfast and \$.00 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from [State SNAP], [the Food Distribution Program
 on Indian Reservations (FDPIR)] or [State TANF], are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - · Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	\$26,973.00	\$2,248.00	\$519.00
2	\$36,482.00	\$3,041.00	\$702.00
3	\$45,991.00	\$3,833.00	\$885.00
4	\$55,500.00	\$4,625.00	\$1068.00
5	\$65,009.00	\$5,418.00	\$1,251.00
6	\$74,518.00	\$6,210.00	\$1,434.00
7	\$84,027.00	\$7,003.00	\$1,616.00
8	\$93,536.00	\$7,795.00	\$1,799.00
Each additional person:	+\$9,509.00	+\$793.00	+\$183.00

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Mr Jeff Maddox at 614-450-6000 or jmaddox@wscloud.org.

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. 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:

Food Services, 200 E. Wilson Bridge Road Worthington Ohio 43085, 614-450-6140.

SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN
ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the
instructions. If any children in your household were missing from your eligibility notification, contact Food
Services at 614-450-6140 immediately.

- 4. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit https://frapps:horizonsolana.com/WORS01 to begin or to learn more about the online application process. Contact Food Services at 614-450-6140 if you have any questions about the online application.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through 9/26/23. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 8. 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.
- 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: MR.JEFF EBLE, 200 E Wilson Bridge
 Road, 614-450-6000, jeble@wscloud.org.
- 10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down 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.
- 12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 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 must also 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 is also excluded from income.
- 14. WHAT IF THERE ISN'T 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 Food Services, 200 E Wilson Bridge Road, 614-450-6140, 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 [614-450-6140].

Sincerely,

Brian Hunt Director Foodservices

2023-2024 Household Application for Free and Reduced Price School Meals Apply online: https://frapps.horizonsolana.com/WORS01

STEP 1

living with you and shares								Grade	Yes No	Foster	ter Migrant,
income and expenses, even			the state of the s								
If not related." Children in Foster care and										ylqqs te	
children who meet the definition of Homeless,										k all tha	П
Migrant or Runaway are eligible for free meals. Read How to Apply for Free and										Chec	П
Reduced Price School Meals for more information.											
STEP 2 Do any h	Do any Household Members (including you) currently participate		one or more of the fol	in one or more of the following assistance programs: SNAP, TANF, or FDPIR?	ms: SNAP,	TANF, or F	DPIR?				
	If NO > Go to STEP 3.	If YES > Write a case n	umber here then go to	Write a case number here then go to STEP 4 (Do not complete STEP 3)	EP 3)	Case Number:	ber:				
								W	Write only one case number in this space.	se number	in this spa
STEP 3 Reporting	Report Income for ALL Household Members (Skipthis step if you answered 'Yes' to STEP 2)	ip this step if you answer	red 'Yes' to STEP 2)								
	A. Child Income Sometimes children in the household ear	n or receive income. Please	lease include the TOTAL income received by all	ane received by all	Child	Child income	H Weekly Bi-We	How often? Bi-Weekly 2x Month Mo	Monthly		
	Household Members listed in STEP 1 here.	re.		ile leceived by all	₩		0	0	0		
Are you unsure what income to include here?	B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in Whole dollars (no cents) only. If they do not receive income from any source write '0'. If you enter how you are confision (promission) that they is no income from any source write '0'. If you enter how you are confision (promission) that they is no income.	(including yourself) STEP 1 (including yourself) s) only. If they do not receive	even if they do not receive income from any source	re income. For each Househol	d Member list	ted, if they do	receive inco	ome, report tot	tal gross incom	ie (before	taxes)
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	-ast) Eamings from Work	How often? How often? Weekly Bi-Weekly 2x Monthly	Monthly Child Support/Alimony	Weekh Bi-W	How often?	Monthly	Pensions/Retirement/	ment week	How often?	an? Month Months
of Income" for more information.		49	0 0 0	€9	0			49	-	0	
The "Sources of Income for Children" chart will help you with the Child		49	0 0 0	•	0	0	0	9	0	0	
Income section.		•	0 0 0	•	0	0 0	0	49	0	0	0
Ine Sources of Income for Adults" chart will help you with the All Adult		49	0 0 0	•	0	0	0	€9	0	0	0
Household Members section.		49	0 0 0	•	0	0	0	49	0	0	0
	Total Household Members (Children and Adults)	Last Four Digits of Sc Primary Wage Earner	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member	N) of X X X	×		Che	Check if no SSN			
STEP 4 Contact	Contact information and adult signature. <u>Mail Completed Form</u>	il Completed Form To:	Food Services 200 B	. To: Food Services 200 E.Wilson Bridge Road Worthington Ohio 43085	orthington (Ohio 43085					
rtify (promise) that all inform: information, my children ma	"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	reported. I understand that this in applicable State and Federal Ia	information is given in conne .ws."	ction with the receipt of Federal fun	ds, and that sch	nool officials ma	ıy verify (check) the information	n. I am aware that	t if I purpos	ely give
Street Address (if available)	Apt #	Oity		State Zip		Davtime Pho	Davtime Phone and Email (cotional)	ii (optional)			
								(puodo) ir			

Sources of Income INSTRUCTIONS

Sources of Inc	Sources of Income for Children
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
 Social Security Disability Payments Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

ults	Pensions / Retirement / All Other Income	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Rental income Regular cash payments Regular cash payments
Sources of Income for Adults	Public Assistance / Alimony / Child Support	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits
S	Earnings from Work	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combarpay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing

Children's Racial and Ethnic Identities OPTIONAL

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.

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White American Indian or Alaskan Native Asian Hispanic or Latino Race (check one or more): Ethnicity (check one):

determine if your child is eligible for free or reduced price meals, and for administration and enforcement of (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household 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 last four digits of the social security number of the adult household member who the lunch and breakfast programs. We MAY share your eligibility information with education, health, and signs the application. The last four digits of the social security number is not required when you apply on member signing the application does not have a social security number. We will use your information to Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary 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 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 and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or

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 Persons with disabilities who require alternative means of communication for program information (e.g. Braille, available in languages other than English.

form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint office, or write a letter addressed to USDA and provide in the letter all of the information requested in the Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA USDA by:

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW U.S. Department of Agriculture Washington, D.C. 20250-9410 program.intake@usda.gov. (202) 690-7442; or email: fax

mail:

This institution is an equal opportunity provider

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

		HOW	ном опел?					Lighten y.
Total Income	Weekly	Bi-Weekly	2x Month	Monthly	Weekly Bi-Weekly 2x Month Monthly Household Size		Free	Reduced
	0	0	0	0		Categorical Eligibility	0	0
Determining Official's Signature		Date			Confirming Official's Signature	ignature Date	Ve	/erifying Of

fficial's Signature

Date



SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

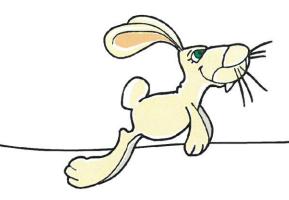
To save you time and effort, the information you gave on	• • • • • • • • • • • • • • • • • • • •
may be shared with other programs for which your children	
have your permission to share your information. Sending	in this form will not change whether your children get
free or reduced price meals.	
No! I Do Not want my Meal Benefit information	n shared with any other programs
Yes! I DO want my Meal Benefit information used School Instructional Fees	d to determine if my child(ren) qualify for a fee waiver o
Yes! I DO want my Meal Benefit information used Athletic/Activity Participation Fe	d to determine if my child(ren) qualify for a fee waiver o <u>es</u>
Yes! I DO want my Meal Benefit information used <u>Testing Programs</u> Please note that your Meal Benefit information will be shared with a third part	to determine if my child(ren) qualify for a fee waiver o
If you checked yes to any or all of the boxes above, fill out	the form below to ensure that your information is
shared for the child(ren) listed below. Your information w	rill be shared only with the programs you checked.
Child's Name:	School:
Signature of Parent/Guardian:	Date:
Printed Name:	
Address:	

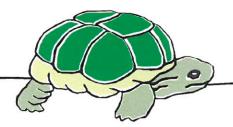
For more information, you may call Food Services at 614-450-6140 or e-mail at: bhunt@wscloud.org.

This institute is an equal opportunity provider.

Ate School Breakfast

Didn't eat School Breakfast





EAT SCHOOL BREAKFAST it gives you energy

Breakfast is served at all Worthington City Schools

Times: Elementary 7:30am-8:15am

Middle 8:45am-9:15am High 8:10am-8:40am

Breakfast times are approximate; please check with your individual school site to verify serving

times.

Full Price Breakfast \$1.60 No cost Breakfast Available for those that qualify.



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 Saturday - Sunday 7 am to 8 pm 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.