



SANDUSKY CITY SCHOOLS

407 Decatur Street, Sandusky, OH 44870-2442

RE: FREE AND REDUCED PRICED SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Sandusky City Schools offers healthy meals every school day. Breakfast costs K-6th grade free, Jr. High \$1.50, High School \$1.55; lunch costs \$2.50 Elementary, \$2.60 Jr. High, \$2.65 High School. Your children may qualify for free meals or for reduced price meals. Reduced price lunch is \$.40, reduced priced breakfast for Jr. High and High School is \$.30.

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: Dining Services, 407 Decatur Street Sandusky, OH 44870-2442**

2. Who can get free meals? All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

3. Can foster children get 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 and migrant children get 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 call or email TFreitas@scs-k12.net to see if they qualify.

5. Who can get reduced price meals? Your children can get 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? Please read the letter you got carefully and follow the instructions. Call the school at [phone number] 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 that 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.

8. I get WIC. Can my child(ren) get 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: Kevin Robertson, 407 Decatur St. Sandusky, OH 44870-2442 or 419-621-2714.

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, 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.

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 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/they 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.

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			
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	7,067	589	136



If you have other questions or need help, call Tom Freitas, 419-621-2719.
Si necesita ayuda, por favor llame al teléfono: Tom Freitas, 419-621-2719.
Si vous voudriez d'aide, contactez nous au numero: Tom Freitas, 419-621-2719.

Sincerely, *John R. Freitas* Tom Freitas, Supervisor of Dining Services

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."

Sandusky City Schools, Dining Services, 407 Decatur Street, Sandusky, Ohio 44870-2442

FREE AND REDUCED PRICED MEALS FAMILY APPLICATION ♦♦ One Application per Household - Effective July 1, 2011

Part 1. ALL HOUSEHOLD MEMBERS (USE A SEPARATE APPLICATION FOR EACH FOSTER CHILD)

Names of all 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. 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, 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 Dining Services 419-621-2719.
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												All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")			
	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
<i>(Example) Jane Smith</i>	\$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 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 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 qualify for a fee waiver.
 No, I do not agree to have my meal application used to determine if my child qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: _____ Date: _____

Part 6. SIGNATURE AND 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next 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: _____

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 American Indian or Alaska Native Native Hawaiian or other Pacific Islander Black or African American

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

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

INSTRUCTIONS FOR APPLYING FOR FREE AND REDUCED PRICED MEALS

Use ONE Free and Reduced Price School Meals Application for all students in your household

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.

Skip Parts 3 and 4

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. Social Security Number is **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.

Skip Part 2

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Dining Services.

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 Social Security Number is **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.

Skip Parts 2, 3, and 4

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 Social Security Number is **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. 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 Dining Services. 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 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.

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.

PLEASE COMPLETE: E-Rate Family Survey 2011-2012 School Year

Dear Sandusky Family Member:

I cannot stress to you enough the importance of bringing your sons and daughters the world that is available through the internet. As you know, the internet is full of wonderful learning experiences in language, literature, history, science, math, auto mechanics, cosmetology, fashion, music, film, etc. At Sandusky Schools, the internet is filtered to remove inappropriate materials under the guidelines of the Children's Internet Protection Act (CIPA).

Our schools provide your children with computers to use, technology to learn, and other programs, all designed to provide them with the tools for taking the next steps into today's ever more demanding world of opportunity.

The Family E-Rate survey is one way through which we are trying to attract additional funding for our technology resources. This survey is for the Federal E-Rate program which provides over \$2.25 billion per year in technology reimbursements to schools and libraries throughout the nation at no additional cost to you.

E-rate provides increased amounts of money to schools as the number of students who are eligible for participation in the National School Lunch Program increases. The survey form below may be used by us to further demonstrate this economic need. *This information is held strictly confidential and I encourage each of you to complete this form and return it to us as soon as possible.*

Thank you for your help and participation.

Sincerely, Brett Kluiber, Coordinator of Network Technology

The Federal Government E-rate Program provides federal dollars for technology. Returning this survey will help us provide your children with better learning tools. PLEASE FILL OUT THIS FORM AND RETURN TO SANDUSKY CITY SCHOOLS, DINING SERVICES, 407 DECATUR ST., SANDUSKY OH 44870-2442. This information will remain confidential.

Name _____

Street Address _____

City State Zip _____

Did you fill out a National School Lunch Program (NSLP) Form (Free and Reduced)? Y ___ N ___ (Please check one)

How many people are in your family/household, including all children? _____

Please list all K-12 students in your family/household that attend the school district (no pre-kindergarten or adults).

Student's Name	Grade	School Name
Example: John Doe	7	Kennedy Middle School

DOES YOUR FAMILY/HOUSEHOLD RECEIVE:

1. Food stamps? Yes ___ No ___
2. Medical assistance under Medicaid? Yes ___ No ___
3. Supplementary Security Income (SSI)? Yes ___ No ___
4. Temporary Assistance for Needy Families (TANF)? Yes ___ No ___
5. Section 8 housing assistance? Yes ___ No ___
6. Home energy assistance (LIHEAP)? Yes ___ No ___

If you answered "Yes" to ANY of questions #1-6 above, you do not have to complete #7.

7. What is your total family income? \$ _____ (check one) ___ yearly ___ monthly ___ weekly

Please return this form to: Sandusky City Schools, 407 Decatur St., Sandusky OH 44870-2442.

THIS INFORMATION WILL REMAIN CONFIDENTIAL.

ENCLOSED SCHOOL FORMS:

***FREE AND REDUCED PRICED
MEALS APPLICATION***

E-RATE FAMILY SURVEY FORM

***BOTH FORMS CAN BE MAILED BACK TOGETHER
To: Dining Services, 407 Decatur, Sandusky OH 44870***

Sandusky City Schools

407 Decatur Street
Sandusky OH 44870-2442

Non-Profit
Organization
U.S. Postage
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Sandusky, OH
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