

National School Lunch Program/School Breakfast Program – Elementary

Dear Parent/Guardian:

Children need healthy meals to learn. **The Catholic Diocese of Cleveland/Nutrition Services** offers healthy meals each school day. Breakfast costs **\$1.75**; lunch costs **\$3.00**. Your children may qualify for free meals or for reduced-price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to the school.** Below are some common questions and answers to help you with the application process.

STOP! If you have received a **NOTICE OF DIRECT CERTIFICATION** for free meals, do not complete the application. **But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.**

1. **Who can receive free or reduced-price meals?** All children in households receiving benefits through 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.
2. **How do I know 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 the **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320** 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
4. **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 carefully and follow the instructions. Please call **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 3120** if any children in your household were missing from your eligibility notification or if you have questions.
5. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is valid for that school year and for the start of this school year. You must send in a new application unless you have already received a letter telling you that your child is eligible for the new school year. Otherwise your child will be charged the full price for meals.
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 of the household income you report.
8. **If I don't qualify now, may I apply again 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 or 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 Nutrition Services' officials. You may also ask for a hearing by calling or writing to: **Lisa Beal, Catholic Diocese of Cleveland/Nutrition Services, 1404 East Ninth Street, 2nd Floor, Cleveland, OH 44114-1722 (216) 696-6525 Ext. 6320.**
10. **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 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 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 not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. **Who should I include as members of my household and what if they have no income?** 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 additional space is needed attach a separate list. 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 or check the No Income box.
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. **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 **(216) 696-6525 Ext. 3120** or **(800) 869-6525 Ext. 3120** (in-state long distance).

Sincerely,
 Nutrition Services

2020-2021

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME ELIGIBILITY GUIDELINES			
For School Year 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$ 23,606	\$ 1,968	\$ 454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	+ 8,288	+ 691	+ 160

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

20 2020-2021 FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

Fill out completely and return to school. Sign and date. One form per household.

Instructions for completing form on reverse side. If you need help call Nutrition Services at (216) 696-6525 Ext. 3120

Part 1. ALL HOUSEHOLD MEMBERS

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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 Catholic Diocese of Cleveland/Nutrition Services at (216) 696-6525 Ext. 6320. 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	Any Other Income (include frequency such as weekly, monthly, quarterly or 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 / 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. 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 attached letter to household.)

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 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 _____ Last four digits of your Social Security Number: _____
 Print Name: _____ Date: _____ I do not have a Social Security Number
 Address: _____ City/Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Part 6. Children's ethnic and racial identities (optional). Does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:
 Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):
 Asian Black or African American Native Hawaiian or other Pacific Islander
 White American Indian or Alaska Native

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: _____

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
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 7 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: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, 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 runaway, check the appropriate box and call **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320** to see if your child(ren) qualify.
Part 4: Complete only if a child in your household isn't eligible under Part 3. See instruction for All Other Households.
Part 5: 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 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

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: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answer this question if you choose to.

If only some of the children in the household are foster children:

- Part 1:** List all household members and the name of school 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 SNAP or OWF 7 digit case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or runaway check the appropriate box and call **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320**. 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 take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to tell us 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, 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:** 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 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

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 SNAP or OWF 7 digit case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or runaway check the appropriate box and call **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320**. 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 take-home pay. Gross income is the amount earned *before* taxes and other deductions. It should be 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 it 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:** 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 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.