



PUBLIC RELEASE

Findlay City Schools today announced its 2019-2020 program year policy for **free and reduced-price meals** for students unable to pay the full price of meals or milk served under the National School Lunch and School Breakfast. Each school office and the central office has a copy of the policy, which may be reviewed by any interested party.

The Federal Income Eligibility Guidelines will be used to determine eligibility. Children from families whose annual income is at or below the federal guidelines are eligible for free and reduced-price meals or free milk if the school participates in the Special Milk Program.

Application forms are distributed to all homes in a letter to parents or guardians. To apply for free and reduced-price benefits, households should complete an application and return it to the school. Additional copies are available at the principal's office in each school. A complete application is required. Households which currently receive Special Nutrition Assistance Program Benefits (SNAP, formally known as food stamps) or Ohio Works First (OWF) funds for a child must provide the child's name, the SNAP or OWF case number and signature of an adult household member on the application. Households that do not receive SNAP or OWF funds must provide the names of all household members, the last four digits of the Social Security Number of the adult signing the application or state "none" if the adult does not have a Social Security Number, the amount and source of income received by each household member, (state the monthly income) and the signature of an adult household member. If any of this information is missing, the school cannot process the application.

FREE HEALTH CARE: Families with children eligible for school meals may be eligible for FREE health care coverage through Medicaid and/or Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call 1-800-324-8680 for more information or to request an application. Information can also be found on the web at

<http://jfs.ohio.gov/ohp/consumers/familychild.stm>. Anyone who has an Ohio Medicaid card is already receiving these services.

The information provided on the application is confidential and will be used only for the purpose to determine eligibility and may be verified at any time during the school year by school or other program official. To discourage the possibility of misrepresentation, the application forms contain a statement above the space for signature certifying that all information furnished is true and correct. Applications are being made in connection with the receipt of federal funds. Schools or other officials may check the information on the application at any time during the school year. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal laws.

Households will be notified of the approval or denial of benefits.

Foster children are categorically eligible for free meal benefits regardless of the household's income. If a family has foster children living with them and wishes to apply for such meals or milk for them, contact the school for more information.

Under the provision of the policy, Teresa Welty, Food Service Director, will review applications and determine eligibility. If a parent or guardian disagrees with the decision on the application or the result of verification, the decision may be discussed with the determining official on an informal basis. If a formal appeal is desired, the household has the right to a fair hearing. A fair hearing can be requested either orally or in writing from: Troy Roth at 419-425-8202.

The policy contains an outline of the hearing procedure.

Households may apply for benefits any time during the school year. If a household is not currently eligible and if the household size increases or income decreases because of unemployment or other reasons, the family should contact the school to file a new application. Such changes may make the children of the family eligible for free or reduced-price benefits if the family income falls at or below the levels shown above.

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: [How to File a Complaint](#), 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.

Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. The **Findlay City Schools** offers healthy meals each school day. Breakfast costs **\$1.75**; lunch costs **Elementary \$2.70, Secondary \$2.85**. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is **\$.30** for breakfast and **\$.40** 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 receive free or reduced-price meals? All children in households receiving benefits from 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 limits on the federal income eligibility guidelines.

2. How do I know if 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 or 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 or email **Janice Panuto** Homeless Liaison at **419-425-5425** or email ipanuto@findlaycityschools.org 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. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to Teresa Welty FCS Director Food Services, 1200 Broad Ave Findlay, Oh 45840. Phone: 419-425-8208.**

4. Should I complete an application if I received a letter this school year saying my children are approved already for free meals? No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact **Teresa Welty FCS Director Food Services, 1200 Broad Ave Findlay, Oh. 45840. Phone: 419-425-8208** immediately.

5. Can I apply online? No. While a copy of the current school year application is available on line to print off and send into the Food Service Dept. at 1200 Broad Ave. Findlay, Ohio.

6. My child's application was approved last year. Do I need to complete another application? Yes. Your child's application is valid for that school year and for the first few days of this school year. You are required to submit a new application unless the school notified you that your child is eligible for the new school year.

7. I receive WIC benefits. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.

8. Will the information I give be checked? Yes, we may also ask you to send written proof.

9. If I do not qualify now, may I apply later? Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to the following contact person: **Troy Roth, 2019 Broad Ave, Findlay, Ohio 45840, phone #419-425-8364.**

11. May I apply if someone else in my household is not a U.S. citizen? Yes. You or your child(ren) members do not have to be a U.S. citizen to qualify for free or reduced-price meals.

12. What if my income is not always the same? List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, submit the report with the routine amount of \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. What if some household members have no income to report? Household members may not receive some types of income that are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.

14. We are in the military. Do we report our income differently? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it also must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. What if there is not enough space on the application for my family? List any additional household members on a separate piece of paper and attach it to your application. Contact **Teresa Welty FCS Director Food Services, 1200 Broad Ave Findlay, Oh 45840. Phone: 419-425-8208.**

16. Why am I being asked to give 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 the 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 they qualify for a fee waiver then select **yes** in part 5. If you do not wish for that information to be shared, then select **no** in part 5. Answering no to this question will mean your child will not be considered for a fee waiver. Answering this question either way will not change your child(ren)'s free or reduced-price meal eligibility.

17. 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.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2019-2020			
Household size	Yearly	Monthly	Weekly
1	\$23,107	\$1,926	\$445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	8,177	682	158

If you have other questions or need help, call 419-425-8208.

Si necesita ayuda, por favor llame al teléfono: 419-425-8208.

Si vous voudriez d'aide, contactez nous au numero: 419-425-8208.

Sincerely,
Teresa Welty



All Findlay City Schools offer
Breakfast daily

All students are welcome to come to the cafeteria before school starts. Breakfast prices are \$1.75 full priced, a reduced price for an approved applicant to the National School Meals Program is \$.30, and an approved free applicant is no charge. Check out the times in your child's building and have them join us for a good start to their day.

Our goal at Findlay City Schools Food Service department is to serve nutritious, appealing and affordable meals to all our students. The administration believes that good nutrition is important to learning and that every child has the right to nutritious school meals at the lowest possible price. Breakfast and Lunch menus are available on the Findlay City Schools web site at:

<http://www.findlaycityschools.org/food.html>

Special Dietary Needs: All meals served in our cafeterias meet the meal pattern requirements and national dietary guidelines. However, if a child has a disability that prevents eating regular schools meals, we will make doctor prescribed substitutions. This applies to “life threatening” disabilities and requires the Food Service “Life Threatening Allergy” form filled out by your doctor. If you believe your child has special dietary needs due to a disability and you need a form or for further information, you may contact the:

Food Service Director
419-425-8208



All Families are encouraged to log onto the EZ Pay site to monitor your child/rens’ meal activity. When you set up an account (no charge to you) you can set up a reminder of your students’ balance which a text can go to your phone with the amount. Check out the EZPay site today!

<http://www.findlaycityschools.org/>

FAILURE TO PAY FOR MEALS:
IT IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN OF A STUDENT, TO PAY THE APPROPRIATE AMOUNT FOR ANY MEALS RECEIVED BY THE STUDENT.

The Findlay City Schools has a “No Charge” policy in all of our cafeterias. If students have no funds to purchase lunch, they will be offered a sandwich and a milk only for that day. This is only intended to help up to three times if needed, till money is added to the account. If you have any questions regarding this policy, please contact the Director of Food Services.



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 grade level for each child.
- Part 2:** List the 7 or 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:** 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.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES 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 a runaway, check the appropriate box and call **Janice Panuto** Homeless Liaison at jpanuto@findlaycityschools.org or call **419-425-5425**. If not, skip this part.
- 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 complete in part 4.
- Part 7:** 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.

IF YOU APPLY 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 grade level for each child. Check the box that indicates 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:** 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.

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 7 or 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 **Janice Panuto** Homeless Liaison at **419-425-5425** or email at jpanuto@findlaycityschools.org. 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 appropriate box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.
- Part 5:** 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 he or she doesn't have one).
- Part 7:** 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.

ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box."
- Part 2:** If the household does not have a 7 or 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 **Janice Panuto** Homeless Liaison at 419-425-5425 or email at ipanuto@findlaycityschools.org. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Box 1 – Name:** List all household members with income.
 - **Box 2 –Gross Income and how often it was received:** For each household member, list each type of income received for the month. Check the box to note how often the person receives the income - weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income - not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on pay stubs. For other income, list the amount and check the box to note how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.
- Part 5:** 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 their Social Security Number (or mark the box if he or she doesn't have one).
- Part 7:** 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.

Healthy Start & Healthy Families

Does your child qualify for the School Meals Program?
If so, your family may qualify for free health coverage!



Healthy Start & Healthy Families

Healthy Start offers free health care coverage for kids (birth to age 19) and pregnant women.

Healthy Families offers free health care coverage for the entire family - parents AND kids.

Healthy Start & Healthy Families Covers:

Doctor Visits
Hospital Care
Immunizations
Substance Abuse

Prescriptions
Vision Services
Dental Care
Mental Health

And Much More!

For more information or an application, call:

1-800-324-8680 (a free call!)

TDD 1-800-292-3572

Monday - Friday 7 am to 8 pm
Saturday - Sunday 12 pm to 5 pm



Your family's size and income determines if you and your family are eligible for Healthy Start or Healthy Families. Healthy Start & Healthy Families are Medicaid Programs administered by The Ohio Department of Job & Family Services.

This Institution is an equal opportunity provider.

Do not complete this section. Intended for school use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice per Month, Month, Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free____ Reduced____ Denied____ Reason: _____

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____

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

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

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, audiotope, 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: [How to File a Complaint](#), 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.

INCOME ELIGIBILITY GUIDELINES 2019-2020			
Household size	Yearly	Monthly	Weekly
1	\$23,107	\$1,926	\$445
2	31,284	2,607	602
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4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	8,177	682	158

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must 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 information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **FHS Band fee waiver**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **ACT/SAT fee waiver**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will 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 **Teresa Welty** at 419-425-8208.

Return this form to: Food Service Office, Findlay City Schools, 1200 Broad Ave. Findlay, Ohio 45840.