



Kings Local School District



Kings High School, Kings Junior High School,
Columbia Intermediate School, Kings Mills Elementary,
South Lebanon Elementary, J.F. Burns Elementary

2017 - 2018 School Year

Dear Parent or Guardian:

The Kings Local School District Food Services Department’s goal is to provide nutritious meals to your child while contributing to the overall physical and mental well-being of your child(ren). Breakfast and Lunch service is served daily. Your children may qualify for free meals or reduced priced meals. This packet includes an application for these meal benefits and instructions for this program. Breakfast and Lunch Meal Prices are as follows:

	<u>Breakfast</u>	<u>Lunch</u>
Elementary (K – 4 th)	\$1.25	\$2.50a
Columbia Intermediate	\$1.25	\$2.70, \$3.20
Kings Junior High	\$1.50	\$2.70, \$3.20
Kings High School	\$1.50	\$2.70, \$3.20, \$3.60
Reduced Meals	\$.30	\$.40

Milk \$.55 (*milk is included will all meals at no charge, included with meal tray*)

Parents/Guardians may apply for free or reduced price meals by completing an application (attached) for free and reduced price meals. Students who were approved at the end of last year automatically (**temporarily**) qualify again this year (for 30 school days). However, a new application must be completed for the 2017-2018 school year within 30 days. If a new application is not completed AND processed by October 1st, 2017, the previous year’s eligibility status is removed. On October 2nd, students will be returned to full paid status if a new free and reduced meal application has not been processed and on file. Free and Reduced Meal Applications can be obtained in the front office of your child’s school, on the Kings Local School District’s web site. It is important that the application be complete before submitting it; we cannot process an application if it is not complete.

Upon eligibility, children may receive free meals -or- meals at a reduced price. The reduced price is 40 cents for lunch and 30 cents for breakfast. The cost of meals has to be paid until the parent/guardian is notified of their eligibility status. Anyone not previously approved may apply at any time during the school year. All information remains confidential.

All meals served meet nutrition patterns established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to have an allergy or any form of disability that would prevent the child from eating the regular school meal, the school will make any substitutions as prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions, please contact Food Service for further information or your child’s school nurse.

If you receive food stamps or OWF and proof is provided, per application guidelines, your children can receive free meals; however, a free/reduced meal application will need to be completed. If your total household income is the same or less than the amounts on the Income Chart below, your child can receive free meals or reduced price meals. A foster child may be eligible to receive free or reduced price meals regardless of your household income.

HEALTHY START & HEALTHY FAMILIES: Healthy Start offers free health care coverage for kids (birth-age 19) and pregnant women. Healthy Families offers free health care coverage for the entire family- parents and children. For additional information please call 1-800-324-8680 (free call).

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 last four digits of 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) 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture 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 required 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 Services at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

If you wish to file a program complaint of discrimination, complete the U.S.D.A. Program Discrimination Compliant Form found on line at www.ascr.usda.gov/compliant_filing_cust.html. Or, at any U.S.D.A. office you may call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send form or letter to: U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, or by fax at (202) 690-7442 or email at program.intake@usda.gov

This institution is an equal opportunity provider.

F. A. Q.'s --- Frequently Asked Questions

1. WHO CAN GET FREE OR REDUCED PRICED MEALS?

- All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP), or Ohio Works First (OWF) are eligible for free meals.
- Foster children that are under 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. (noted on the federal income chart (below)).

FEDERAL INCOME ELIGIBILITY GUIDELINES 2017-2018			
HOUSEHOLD SIZE	Yearly	Monthly	Weekly
1	\$ 22,311	\$ 1,860	\$ 430
2	\$ 30,044	\$ 2,504	\$ 578
3	\$ 37,777	\$ 3,149	\$ 727
4	\$ 45,510	\$ 3,793	\$ 876
5	\$ 53,243	\$ 4,437	\$ 1,024
6	\$ 60,976	\$ 5,082	\$ 1,173
7	\$ 68,709	\$ 5,726	\$ 1,322
8	\$ 76,442	\$ 6,371	\$ 1,471
Each Additional person	\$ 7,733	\$ 645	\$ 149

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 in a shelter, hotel, or other temporary housing? 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 contact Jennifer S. Arlinghaus, Food Service Director, 513-398-8050 extension 10027.

3. DO I NEED TO COMPLETE AN APPLICATION FOR EACH CHILD? No, use one Free and Reduced Meal Application for all students in your household. We cannot approve an application that is not complete, so please review carefully and complete all the required information. Please return the completed application to your child's school or you can send to Jennifer S. Arlinghaus, Food Service Director, 5820 Columbia Road, Mason, Ohio 45040.

4. SHOULD I COMPLETE AN APPLICATION IF I RECIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you received carefully and follow the instructions. If any children in your household are not listed on the eligibility notification letter, please contact Jennifer S. Arlinghaus, Food Service Director, 513-398-8050, ext. 10027 immediately.

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO COMPLETE A NEW ONE? Yes. Your child's application is only good for that school year and for the first 30 days of the new school year, until October 1st, 2017. You must complete a new application unless the school has informed you that your child is eligible for the new/current 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 or reduced meals, your child will be charged the full price for meals.

F. A. Q.'s --- Frequently Asked Questions (cont...)

- 6. I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 7. WILL THE INFORMATION I HAVE BE CHECKED?** Yes. We may ask you to send written proof of the household income you report on the application.
- 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 or reduced meals if the household income drops below the income limit.
- 9. WHAT IF I DISAGREE WITH THE SCHOOLS DECISION ABOUT MY APPLICATION?** Contact Jennifer S. Arlinghaus, Food Service Director, 513-398-8050 extension 10027. You may also ask for a meeting by contacting Matthew Luecke, Business Manager, 513-398-8050, extension 10150.
- 10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your child (ren), 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 normally receive. For example, if you normally make \$1000 per month, but you missed work last month and only got \$900, put down that you receive \$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 that we ask to be reported on the application, or you may not receive income at all. Whenever this happens we ask that you report this on the application. Whenever this is the case, please write "0" in the income section. If any income sections are left empty or blank those sections will also be counted as "0" income. Please be careful when leaving income sections blank. Review these sections carefully.
- 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 receive 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 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 (securely) to your application. Contact Jennifer S. Arlinghaus, Food Service Director, 513-398-8050, extension 10027, if you are in need of a second application.
- 15. WHY AM I BEING ASKED ABOUT GIVING MY CONSENT FOR AN INSTRUCTIONAL FEE WAIVER?** Ohio Public Schools are required to waive 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) qualifies for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials to see if he/she qualifies for a fee waiver then check "YES" in Part 5. If you do not wish for that information to be shared, then check "NO" in Part 5. Answering NO to this question will mean your child will not be able to be considered for a fee waiver. Answering this question either way will not change whether your child(ren) will get free or reduced price meals. If you have any questions call (513) 398-8050, extension 10027.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT BE ABLE TO APPLY FOR?** To find out how to apply for Ohio SNAP or to obtain other assistance or benefits, please contact their local office at 1-877- 852-0010

INSTRUCTIONS FOR COMPLETING APPLICATION

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 for each child.

Part 2: List the **10 digit** case number for any household member (including adults) receiving SNAP or OWF benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the children qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security are **not** necessary.

Part 7: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and school grade level for EACH child.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant or a runaway check the appropriate box and call your child's school, homeless liaison or migrant coordinator.

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 children qualifies for a school instructional fee waiver.

Part 6: Sign and date the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to fill in part 4.

Part 7: Answer this question if you choose to.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If ALL children in the household are foster children:

Part 1: List all foster children's names, school name and the school grade level of EACH child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the children qualifies for a school instructional fee waiver.

Part 6: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 7: Answer this question if you choose to.

If SOME children in the household are foster children:

Part 1: List all household members, school name and the 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 10-digit 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 your child's school, homeless liaison or migrant coordinator. 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), 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, FDIPIR, 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 Housing Privatization 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 children 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 s/he doesn't have one). Include today's date.

Part 7: Answer this question if you choose to.

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 10-digit 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 your child's school, homeless liaison or migrant coordinator. 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 paid 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, date and list the last four digits of his or her Social Security Number (or mark the box if she/he doesn't have one).

Part 7: Answer this question if you choose to.

FREE AND REDUCED MEAL APPLICATION 2017-2018

Check this box if you are new to the district and / or are not currently receiving Free or Reduced Meal Program.

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.		Check if a foster child (legal responsibility of welfare agency or court) <i>If all children are foster, skip to Part 5</i>	Check if No Income
	School	Grade		
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formally Food Stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and **skip to Part 5**.

NAME: _____ 10-DIGIT CASE NUMBER: _____

PART 3. CHILD IDENTIFICATION

If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact the Food Service Director, Jennifer S. Arlinghaus R.D., L.D. at 513-398-8050 ext.10027. 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.

NAME (List only household members with income, including children if they have income)	WORK EARNINGS Gross Earnings from work (before deductions)	Frequency of Paycheck				EARNINGS FROM ASSISTANT PROGRAMS Welfare, child support, alimony	Frequency of Paycheck				EARNINGS FROM BENEFITS Pensions, retirement, Social Security, SSI, VA benefits	Frequency of Paycheck				OTHER EARNINGS / FREQUENCY OF PAYMENT All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
		Weekly	Every 2 Weeks	Twice Monthly	Monthly		Weekly	Every 2 Weeks	Twice Monthly	Monthly		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"/>	\$ _____ / _____
	\$	<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. INSTRUCTIONAL FEE WAIVER CONSENT (ADULT MUST SIGN)

Your child(ren) may also qualify for additional fee waivers of their school instructional fees. In order to receive those fee waivers, parents must agree to allow the status of the application to be shared with school officials responsible for waiving those fees. Answering this question will not change whether your children will be eligible for free or reduced meal program.

Please check a box: Yes I agree to have my application status used to determine if my child(ren) qualify for a fee waiver.

No, I do not agree to have my application status used to determine if my child(ren) qualify for a fee waiver.

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

PART 6. SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that 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 _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

DON'T COMPLETE THE SECTION BELOW. 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 _____