



FREE AND REDUCED-PRICE
SCHOOL
MEAL APPLICATION
PACKET

2023-2024



Dear Parent or Guardian:

The Kings Local School District Food Services Department goal is to provide nutritious meal to your child while contributing to the overall physical and mental well-being of your child(ren). We offer hot lunch daily as an offering to our children, while also providing the ability to purchase bottled water and juices for students that wish to pack meals from home.

Parents/Guardians may apply for free or reduced price meals by completing an application (enclosed) 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 2023-2024 school year within 30 days. If a new application is not completed **and** processed by September 27th, 2023, the previous year's eligibility status is no longer valid.

Upon eligibility, children may receive free meals -or- reduced priced meals. Due to a change in the State Ohio Budget bill, students that qualify for the reduced meal program, will be served a meal at no cost. Anyone not previously approved may apply at any time during the school year. All information remains confidential. Free and Reduced Meal Application can be obtained in the front office of your child's school. A printable version can be obtained from the Kings Local Food Service website. You can also apply for the free and reduced meal program online at PaySchools Central - www.payschoolscentral.com. This packet includes an application for Meal Benefits and instructions for the program.

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 you complete a free and reduced meal application with this information, per application guidelines, your children can receive free meals; however, a free/reduced meal application will need to be completed. A foster child may be eligible to receive free or reduced price meals regardless of your household income, please contact your child's school or contact the Kings Local Food Service Department at 513-398-8050, ext 10027..

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).

This institution is an equal opportunity provider

FREE AND REDUCED MEAL APPLICATION 2023-2024

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 are foster, skip to Part 5	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"/>

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 7 digit case number for the person who receives benefits and **skip to Part 5**. If not applicable, skip to Part 3.
NAME: _____ 7 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	
(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"/>	\$50.00/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"/>	\$ /
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\$		<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"/>	\$ /
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PART 5. SCHOOL INSTRUCTIONAL FEE WAIVER CONSENT (ADULT MUST SIGN)

Your child(ren) may also qualify for additional fee waivers of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. 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 meal application used to determine if my child(ren) qualify for a fee waiver.

☐ No, I do not agree to have my meal application 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

Part 7. Children's ethnic and racial identities: 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 is optional. It doesn't affect your children's eligibility for program

Choose one ethnicity:	Choose one or more (regardless of ethnicity):		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

DO NOT COMPLETE THIS SECTION (OFFICE USE ONLY)

Total Income: _____	Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> 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 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 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: 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: This section is optional, answer if you wish to do so.

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: This section is optional, answer if you wish to do so.

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: This section is optional, answer if you wish to do so.

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 7-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, 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 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: This section is optional, answer if you wish to do so.

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: This section is optional, answer if you wish to do so.

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 2023-2024			
HOUSEHOLD SIZE	Yearly	Monthly	Weekly
1	\$ 26,973	\$ 2,248	\$ 519
2	\$ 36,482	\$ 3,041	\$ 702
3	\$ 45,991	\$ 3,833	\$ 885
4	\$ 55,500	\$ 4,625	\$ 1,068
5	\$ 65,009	\$ 5,418	\$ 1,251
6	\$ 74,518	\$ 6,210	\$ 1,434
7	\$ 84,027	\$ 7,003	\$ 1,616
8	\$ 93,536	\$ 7,795	\$ 1,799
Each Additional person	\$ 9,509	\$ 793	\$ 183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? If members of your household lack a permanent address; are you staying in a shelter, hotel, or other temporary housing arrangement, relocate 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 believe children in your household meet these descriptions and haven't been told your children will get free meals. Please contact your child's school.

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 send to the Food Service Department: 1797 Kings Ave, Kings Mills, OH.

4. SHOULD I COMPLETE AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you 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. CAN I APPLY ONLINE? Yes. We encourage to complete an online application instead of a paper application. The online application requirements are the same and will request the same information as the paper application. Visit kingslocal.payschools.com to complete the online application. If you have questions, please contact Jennifer Arlinghaus, Food Service Director, R.D.,L.D. at 513-398-8050, ext. 10027.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO COMPLETE A NEW ONE? Yes. Your child's application is only valid for that school year and the first 30 days of the new school year. You must complete a new application each school year unless the school has informed you that your child is otherwise eligible.

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

7. 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 complete an application.

8. WILL THE INFORMATION I HAVE BE CHECKED? Yes. We may ask you to send written proof

9. 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.

10. 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.

11. 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.

12. 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.

13. 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 corresponding field. However, 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.

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 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.

15. 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.

16. 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.

17. 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

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 the information is not provided, 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 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, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who required alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American sign language etc...) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through Federal Relay Services at 1-800-877-8339.

To file a program discrimination complaint a Complainant should complete Form AD-3027, U.S.D.A. Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> from any U.S.D.A. office, by calling (866) 632-9992, or by writing a letter addressed to the U.S.D.A. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary of Civil Rights (ASCR) about the nature and date of an alleged civil right violation. The completed AD-3027 form or letter must be submitted to USDA by mail to: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, or by fax at (833) 256-1665 or (202) 690-7442, Or email at program.intake@usda.gov

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