

Worthington Schools
Free and Reduced School Meals Application
2019-2020 School Year

READ FIRST

Please read carefully before filling out your application.

Return one application per household to the Worthington Schools Food Service Department for approval. You do not need a separate application for each student or school.

Applications can be downloaded and printed at the Worthington Schools website www.worthington.k12.oh.us or picked up in the school office.

Applications can also be filled out online (after August 1, 2019) at the Worthington Schools website onlineapps.worthington.k12.oh.us

Waivers: Worthington Food Service Department must have parent consent to share application information. Waivers are listed on a separate waiver page. There are separate waivers for instructional fees, athletic/activity participation fees and testing fees. You must check "yes" for each box if you want information shared for each program. Checking "no" will not change meal benefits to your child(ren).

2019-2020 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil) **2019-2020** onlineapps.worthington.k12.oh.us

STEP 1

List all Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related"	Child's First Name	MI	Child's Last Name	Grade	Student?		Homeless, Migrant, Runaway
					Yes	No	
Children in Foster care and children who meet the definition of Homeless. Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.					<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"/>

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDI/PIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

STEP 3

Report income for ALL Household Member (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income: Weekly Bi-Weekly 2x Weekly Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Weekly		Monthly	Weekly	Bi-Weekly		2x Weekly	Monthly	Weekly	Bi-Weekly
	\$	<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"/>
	\$	<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"/>

STEP 4

Contact information and adult signature. Mail Completed Form To: Food Services, 700 E. Wilson Bridge Road, Worthington, Ohio 43085

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and may be prosecuted under applicable State and Federal laws.

Street Address (if available) Apt # City State Zip

Printed name of adult signing the form Signature of adult

Daytime Phone and Email (optional)

Today's date



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 my Meal Benefit information shared with any other programs
- Yes! I DO want my Meal Benefit information used to determine if my child(ren) qualify for a fee waiver of School Instructional Fees
- Yes! I DO want my Meal Benefit information used to determine if my child(ren) qualify for a fee waiver of Athletic/Activity Participation Fees
- Yes! I DO want my Meal Benefit information used to determine if my child(ren) qualify for a fee waiver of Testing Programs

Please note that your Meal Benefit information will be shared with a third party that processes fee waivers for testing programs such as AP testing

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Food Services at 614-450-6140 or e-mail at: bhunt@wscloud.org.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Worthington City Schools offers healthy meals every school day. Breakfast costs **\$1.60**; lunch costs **\$2.75 Elementary \$3.00 Secondary**. **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 GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from [State SNAP], [the Food Distribution Program on Indian Reservations (FDPIR)] or [State TANF], are eligible for free meals.
- Foster children that are under the 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. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year__2019-2020__			
Household size	Yearly	Monthly	Weekly
1	\$23,107.00	\$1,926.00	\$445.00
2	\$31,284.00	\$2,607.00	\$602.00
3	\$39,461.00	\$3,289.00	\$759.00
4	\$47,638.00	\$3,970.00	\$917.00
5	\$55,815.00	\$4,652.00	\$1,074.00
6	\$63,992.00	\$5,333.00	\$1,231.00
7	\$72,169.00	\$6,015.00	\$1,388.00
8	\$80,346.00	\$6,696.00	\$1,546.00
Each additional person:	+\$8,177.00	+\$682.00	+\$158.00

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 together in a shelter, hotel, or other temporary housing arrangement? 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 call or e-mail **Mr Jeff Maddox at 614-450-6000 or jmaddox@wscloud.org** .

DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? *No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:*

Food Services, 200 E. Wilson Bridge Road Worthington Ohio 43085, 614-450-6140.

3. 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 you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Food Services at 614-450-6140** immediately.*

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.