



## National School Lunch Program/School Breakfast Program

Dear Parent/Guardian,

The enclosed packet includes the 2023-2024 Free and Reduced Price Meals Family Application used to apply for meal benefits for your children. While the information packet includes pricing for meals if your children are approved at a reduced price level, the signed Ohio Budget bill includes a provision for the State to cover the cost for the reduced price breakfast and lunch. Students will continue to be approved and meals counted at the reduced price benefit level, however, the reduced price meals will be at no charge to the students.

For the 2023-24 school year, the price of reduced and paid lunches will be as follows:

	<b>Breakfast</b>	<b>Lunch</b>
Paid Price Students	\$1.75	\$3.00
Reduced Price Students	\$0.00	\$0.00

For questions or additional information, please contact Nutrition Services at (216) 696-6525 ext. 3120.

2023-2024 FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

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

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

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "NA" if child is not in school.		Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
	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"/>

Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 7 digit case number for the person who receives benefits and skip to Part 5. If no one receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ 7 DIGIT CASE NUMBER: \_\_\_\_\_

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Catholic Diocese of Cleveland/Nutrition Services at (216) 696-6525 Ext. 6320. Homeless  Migrant  Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Any Other Income (include frequency such as weekly, monthly, quarterly or annually)
(Example) Jane Smith	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50 / quarterly
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ / _____

Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

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

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.

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

Part 6. Children's ethnic and racial identities We are required to ask for info about your children's race and ethnicity. This info 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.

Choose one ethnicity:  
 Hispanic/Latino  
 Not Hispanic/Latino

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

Don't fill out this part. This is for school use only.

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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Determining/Approval Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If selected for Verification, Date Verification Notice Sent: \_\_\_\_\_ Response Date: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_

Verification Result: No Change \_\_\_\_\_ Free to Reduced Price \_\_\_\_\_ Free to Paid \_\_\_\_\_ Reduced Price to Free \_\_\_\_\_ Reduced Price to Paid \_\_\_\_\_

## INSTRUCTIONS FOR APPLYING

*A household member is any child or adult living with you.*

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

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

**Part 2:** List the 7 digit case number for any household member (including adults) receiving SNAP or OWF benefits.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

### IF NO ONE IN YOUR HOUSEHOLD 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 grade level for each child.

**Part 2:** Skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or runaway, check the appropriate box and call **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320** to see if your child(ren) qualify. If not, skip this part.

**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See Instructions for All Other Households.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to complete part 4.

**Part 6:** We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

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

If all children in the household are foster children:

**Part 1:** List all foster children and the school name and grade level for each child. Check the box indicating the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

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

**Part 1:** List all household members and the name of school and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

**Part 2:** If the household does not have a SNAP or OWF 7 digit case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or runaway check the appropriate box and call **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.

- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to note how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, list the **gross income**, not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to 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:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

### ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box".

**Part 2:** If the household does not have a SNAP or OWF 7 digit case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant, or runaway check the appropriate box and call **Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.

- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to note how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, list the **gross income**, not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to 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:** An adult household member must sign the form and list the last four digits of his or her Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

## Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. The Catholic Diocese of Cleveland/Nutrition Services offers healthy meals each school day. Breakfast costs \$1.75; lunch costs \$3.00. Your children may qualify for free meals or for reduced-price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school. Below are some common questions and answers to help you with the application process.

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

1. **Who can receive free or reduced-price meals?** All children in households receiving benefits 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 federal income eligibility guidelines limits.
2. **How do I know my children qualify as homeless, migrant or runaway?** If members of your household lack a permanent address; are staying together in a shelter, hotel or other temporary housing arrangement; relocate on a seasonal basis or; children live with you who have chosen to leave their prior family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will receive free meals, please call the Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 6320 to see if they qualify.
3. **Do I need to fill out an application for each child?** No. Use one free and reduced-price school meal application for all students in your household
4. **Should I fill out an application if I received a letter this school year saying my children are already approved for free meals?** No, but please read the letter carefully and follow the instructions. Please call Catholic Diocese of Cleveland/Nutrition Services (216) 696-6525 Ext. 3120 if any children in your household were missing from your eligibility notification or if you have questions.
5. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is valid for that school year and for the start of this school year. You are required to submit a new application unless you have already received a letter telling you that your child is eligible for the new school year. Otherwise your child will be charged the full price for meals.
6. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.
7. **Will the information I give be checked?** Yes, we also may ask you to send written proof of the household income you report.
8. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit.
9. **What if I disagree with the school's decision about my application?** You should talk to Nutrition Services' officials. You may also ask for a hearing by calling or writing to: Karen McKittrick, Catholic Diocese of Cleveland/Nutrition Services, 1404 East Ninth Street, 2<sup>nd</sup> Floor, Cleveland, OH 44114-1722 (216) 696-6525 Ext. 6320.
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be U. S. citizens to apply for free or reduced-price meals.
11. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down the routine amount of \$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 are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the corresponding field or check the No Income box. However, if any income fields are left empty or blank, those also will be counted as zeros. Please be careful when leaving income fields blank.
13. **We are in the military, do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. **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 the school to receive a second application if needed.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call (216) 696-6525 Ext. 3120 or (800) 869-6525 Ext. 3120 (in-state long distance).

Sincerely,  
Nutrition Services

2023-24

This institution is an equal opportunity provider.

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

<b>INCOME ELIGIBILITY GUIDELINES</b>			
<b>For School Year 2023-2024</b>			
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

**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.

**USDA Nondiscrimination Statement**

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.

The foregoing notwithstanding, this institution is a Catholic/religious organization that will at all times act in accordance with the dictates, teachings, and beliefs of the Catholic Church, and the foregoing prohibition against discrimination is subject to any and all rights and/or exceptions of whatever kind or nature afforded to churches and/or religious organizations and/or institutions, including without limitation such rights and/or exceptions found in the Constitution of the United States (including the First Amendment), any federal law and/or regulation (including the Religious Freedom Restoration Act and Title IX), the Constitution of the State of Ohio, and any state law or regulation.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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 the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA 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 USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. 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 for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).