Springboro Foodservice

Kelsey Warren, Food Service Manager

Dear Parent/Guardian:

Children need healthy meals to learn. Springboro offers healthy meals every school day. Regular Lunch costs $2.65 grades k-6 and $2.75 grades 7-12. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is at no cost to families at Springboro. All meals require a fruit or vegetable be selected with purchase. This packet includes information on how to apply for free and reduced price meals. Below are some common questions and answers to assist you with the process.

1. **Who can get free or reduced-price 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 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 also may qualify for free or reduced price meals if your household income falls at or below the limits on this chart. Please apply for the determination to be made by the Food Service Department.

Federal Eligibility Income Chart (For School Year 2023-24)			
Household Size:	**Yearly Gross Income:**	**Monthly Gross Income:**	**Weekly Gross Income:**
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 add:	9,509	793	183

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 that your children will receive free meals, please contact Wendy Grothjan, wgrothjan@springboro.org, 937-748-3956 ext. 4405 regarding your living situation.

3. **Do I need to fill out an application for each child?** No. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all the required information. Please return completed form to Kelsey Warren, Food Service Manager, 1985 S. Main St, Springboro, OH 45066.

4. **Can I apply Online?** Yes! We encourage you to apply online as you will receive immediate results on eligibility.
   - **How to apply online: Type in this URL -** https://www.payschoolscentral.com/
     - Create a username and password if you do not already have one and login.
     - After you complete this step, you will be able to complete the only meal application.
   - **A printable form can also be found on the district website:** https://www.springboro.org/– Under Parents, click on Free/Reduced Meals Application. If using the printed form, once completed, return to Kelsey Warren, Food Service Manager, 1985 S. Main St, Springboro, OH 45066.

5. **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 received carefully and follow the instructions. If any children in your household were missing from the eligibility notification, please contact the Food Service Department at 937-748-3950 ext. 4664 immediately. You may also need to submit information regarding fee waivers.

6. **My child's application was approved last year. Do I need to fill out a new form?** 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 the school notified you that your child is eligible for the new school year.

7. **I get WIC. Can my child(ren) get free meals?** Please fill out an application to see if you are eligible.

8. **Will the information I give be checked?** Yes, we may ask you to send written proof. Failure to respond may result in loss of meal benefit.

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 and reduced-price meals if the household income drops below the income limit.

10. **What if I disagree with the school's decision about my application?** You should first call Kelsey Warren, Food Service Manager at 937-748-3950 Ext 4664 to ensure the information provided was correct. You may also ask for a hearing by contacting Mr. Scott Gilbert, Executive Director of Business Operations, 1685 S. Main St. Springboro, OH 45066, 937-748-3960.

11. **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 a U.S. citizen to qualify.

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

13. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in that field. However, if any income fields are left empty or blank, those will also be counted as zeros. Please be careful when leaving income fields blank, as we will assume you meant to do so. You should also mark the box to the right of their name as "no income" if there is none.

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

15. **What if there is not enough space on the application for my family?** Apply online! Or list any additional household members on a separate piece of paper, and attach it to your application. You may also use an additional application and attach it to the original.

16. **Why does the application ask for my consent for a fee waiver?** Ohio public schools are required to waive the school instructional fees for children who qualify for the Free and Reduced Price School Meals. Those who qualify for fee waivers, also qualify for other Sycamore programs, such as academic fees, extracurricular activities, summer school, full-day kindergarten, etc. In order to receive those fee waivers, you must agree to allow the status of your application to be shared with those responsible for waiving those fees. If you do not agree, you will be responsible for paying those fees. Agreeing or not agreeing will not affect whether your child(ren) will qualify for free or reduced price meals.

17. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other benefits contact your local assistance office or call 877-852-0010. If you have other questions or need additional help, call the Food Service Department at 937-748-3950 ext. 4664.

18. **I do not have access to a computer to apply online or I do not have a printer to print a copy of the application. How do I obtain a free and reduced price family meal application?** Please stop into your child's school. The office staff will be able to get you a printed copy. You can also email the Food Service office at kwarren@springboro.org and we can mail you a hard copy. Please note this delays the application process as we cannot process the form until we receive a completed copy.

If you have any other questions or need help completing the application by hand or electronically, please contact the Food Service Department at 937-748-3950 Ext 4664 or emailing kwarren@springboro.org .

Kelsey Warren
Food Service Manager
Springboro Community Schools
kwarren@springboro.org
937-748-3950 Ext 4664
1985 S. Main St, Springboro, OH 45066

INSTRUCTIONS FOR APPLYING

Please find which category best meets your family's situation and follow those instructions. For purposes of this form, a "household member" is any child or adult living with you. If you have questions at any time, please contact the Food Service office at 937-748-3950 Ext 4664. A new application must be submitted by hand or online each school year including each Springboro student in your household as well as other members of your household. Failure to do so will result in your student paying full price for meals. Once an application is received and approved, meal benefits will occur from that date forward. Any charges accrued prior to the meal benefit will not be waived and will be the responsibility of the parent/guardian.

If you are new to the meal program or Springboro Schools, please indicate by checking the box in upper right corner

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ELECTRONIC MEAL APPLICATION:

Springboro Schools offers an electronic submission for Free and Reduced Price Meal Applications. Please go to https://www.payschoolscentral.com/ **to apply online and receive an immediate response regarding your student's meal status.**

Households that receive benefits from the SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP, formerly the Food Stamp Program), or who receive OHIO WORKS FIRST (OWF) please follow the instructions below:

If you are new to the meal program or Springboro Schools, please indicate by checking the box in upper right corner

Part 1: List all members of the household and include each child's name, school, and grade beside each name.
Part 2: List the 7-digit case number for any household member receiving SNAP or OWF benefits.
Part 3: Check the appropriate box, if any.
Part 4: Skip.
Part 5: Choose to agree or not agree to have the status of your application used in determining other fee waivers. Sign and date.
Part 6: Answer this question if you choose to.
Part 7: Sign form (The last four digits of your Social Security Number are NOT necessary in this instance). Return completed form to Kelsey Warren, Food Service Manager, 1985 S. Main St, Springboro, OH 45066.

If you got a letter from Food Services about direct certification this year, it is not necessary to submit this application

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Households without anyone receiving SNAP or OWF benefits but there is a child in your household that is HOMELESS, A MIGRANT, OR RUNAWAY please follow the instructions below:

Part 1: List all household members and the school name and school grade level for each child. A household member is any child or adult living with you.
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 contact Wendy Grothjan, Crisis Intervention Coordinator at wgrothjan@springboro.org
Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.
Part 5: Choose to agree or not agree to have the status of your application used in determining other fee waivers. Sign and date.
Part 6: Answer this question if you choose to.
Part 7: Sign the form. Sign the form. Write in the last four digits of a Social Security Number (not necessary if you didn't need to fill in part 4). Return the completed form to Kelsey Warren, Food Service Manager, 1985 S. Main St, Springboro, OH 45066.

If ALL of the children in the household are FOSTER CHILDREN, please follow the instructions below:

Part 1: List all household members and the school name and school grade level for each child. Check the box if the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Choose to agree or not agree to have the status of your application used in determining other fee waivers. Sign and date.
Part 6: Answer this question if you choose to.
Part 7: Sign the form. Write in the last four digits of a Social Security Number (not necessary if you didn't need to fill in part 4). Return the completed form to Kelsey Warren, Food Service Manager, 1985 S. Main St, Springboro, OH 45066.

If SOME of the children in the household are FOSTER CHILDREN, please follow the instructions below:

Part 1: List all members of the household and include each child's name, school, and grade. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.
Part 3: Complete only if a child in your household isn't eligible under Part 1.
Part 4: An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she/he doesn't have one)
Part 5: Choose to agree or not agree to have the status of your application used in determining other fee waivers. Sign and date.
Part 6: Answer this question if you choose to.
Part 7: Sign the form. Write in the last four digits of social security number, or mark the box if you don't have one. Return completed form to Kelsey Warren, Food Service Manager, 1985 S. Main St, Springboro, OH 45066.

If none of the previous descriptions apply to your household, please follow the instructions below:

If you are new to the meal program or Springboro Schools, please indicate by checking the box in upper right corner

Part 1: List all members of the household and include each child's name, school, and grade. For any person, including children, with no income, you must check the "no income" box.

Part 2-3: Skip these parts.

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

- **Section 1- Name**: List all household members with income
- **Section 2- Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
  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.
  Income received from welfare, child support, and alimony: List the amount each person received.
  Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits: List the amount each person received.
  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 benefits from WIC, Federal education and foster payments received by the family from the placing agency. If you are 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: Choose to agree or not agree to have the status of your application used in determining other fee waivers. Sign and date.

Part 6: Answer this question if you choose.

Part 7: Sign the form. Write in the last four digits of social security number, or mark the box if you don't have one. Return completed form to Kelsey Warren, Food Service Manager, 1985 S. Main St, Springboro, OH 45066.

2023 FEDERAL INCOME GUIDELINES

Household Size	Annual Salary	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

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

Privacy Act Statement: This explains how we will use the information you give us.

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 on the basis of 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 require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

Rev. 7/26/23

SPRINGBORO SCHOOLS

2023-24 Free and Reduced Price School Meals Family Application

Each household needs only one application and return to
Springboro Food Services at 1675 S Main Street, Springboro, OH 45066

❑ *Check this box if you are new to the district and/or are not currently receiving Free and Reduced Price School Meals.*

PART 1. LIST ALL HOUSEHOLD MEMBERS

Names of ALL household members *Not just Springboro students, all household members (PRINT Clearly: First, Middle Initial, Last)*	**Child's School** *For Springboro students only*	**Child's Grade**	**Check box if foster child** legal responsibility of welfare agency or court. *If all are foster, skip to part 5*	NO Income Must Check box
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑

PART 2. BENEFITS

If any member of the household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the 7 digit case number and skip to part 5. NAME: _____ **CASE NUMBER**: __ __ __ __ __ __ __

PART 3. SPECIAL LIVING CIRCUMSTANCES

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Wendy Grothjan, Crisis Intervention Coordinator at 937-748-3930 Ext 4405.

☐ Migrant ☐ Runaway ☐ Homeless

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS)

(List all income only once and on the same line as the person who receives it. Check the box for payment frequency.)

List Per Person	Work Earnings	Frequency of Paycheck				Earnings from Assistance programs	Frequency of Payment				Earnings from benefits	Frequency of Payment				Any Other Earnings	Frequency of Payment			
List only those family members with income	Gross Earnings (before deductions)	Weekly	Every 2 weeks	Twice a month	Monthly	Such as: Welfare, child support, alimony	weekly	every 2 weeks	twice a month	monthly	Such as: Pensions, retirement, SS, SSI, VA benefits	Weekly	Every 2 weeks	Twice a month	Monthly	*Not a Total	Weekly	Every 2 weeks	Twice a month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

PART 5. FEE WAIVER - ADULT CONSENT *(ADULT MUST SIGN)*

In order to receive possible fee waivers, parents must agree to allow the status of this application to be shared with those responsible for waiving fees. Parents who do not agree will be responsible for paying fees. Agreeing or not agreeing will not affect qualification for free or reduced price meals.

Yes, I agree to have my application status used to determine if my child(ren) qualify for the fee waivers checked below.

❑ School Fees ❑ Athletic Department ❑ Dennis Breakfast Program ❑ Boro Backpack Program ❑ Junior High 8th Grade Washington DC Trip assistance

No, I do not agree to have my application status used to determine if my child(ren) qualify for the fee waivers checked below.

❑ School Fees ❑ Athletic Department ❑ Dennis Breakfast Program ❑ Boro Backpack Program ❑ Junior High 8th Grade Washington DC Trip assistance

SIGNATURE: _____ **DATE**: _____

*For more information on the following fees – *Boro Backpack program* – Wendy Ford 937-748-3950 Ext 4405;
Dennis Breakfast Program – Courtney Collins 937-748-6070 Ext 4734; *8th Grade DC Trip* – Junior High Principal, Tyler Lotspaih 937-748-3953

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (*Optional*)

Choose one ethnicity:
❑ Hispanic/Latino
❑ Not Hispanic/Latino

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

PART 7. SIGNATURE AND SOCIAL SECURITY NUMBER (*ADULT MUST SIGN*)

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.

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.

Signature: _____ Printed Name: _____ Date: _____

Address: _____ Email: _____ Phone: _____

Last Four Digits of Social Security Number: ____ ____ ____ ____ ❑ I do not have a Social Security Number

OFFICE USE ONLY- REV 7/26/23. Total Income: $_____ Per: ❑ Week (x52), ❑ Every 2 Weeks (x26) ❑ Twice A Month (x24) ❑ Month (x12) ❑ Year
Household size: _____ Categorical Eligibility: _____ Free____ Reduced____ Denied____ Reason: _____ Date Withdrawn: _____
DASL: ____ Determining Official's Initials: _____ Date: _____ Confirming Official's Initials: _____ Date: _____
Verifying Official's Signature: _____ Date: _____ **Verification Dates:** Notification: _____ 2nd Notice Sent: _____ Response: _____
Verification Result: No Change ___
Free to Reduced-Price ___ Free to Paid ___ Reduced-Price to Free ___ Reduced-Price to Paid ___ Results Sent: ___