Mentor Public Schools

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School Nutrition Services

Ginni Vaccaro, *Supervisor of School Nutrition*
Fern Mance, *Secretary for School Nutrition*

2021 – 2022 Free & Reduced Meal Application

Mentor Public Schools will participate in the Seamless Summer Option (SSO) during the 2021-2022 school year. Under this option, **all children in the school receive a breakfast/lunch at no charge** and without any application. However, to determine eligibility for **Fee Waiver**, and various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart. This information will not impact Seamless Summer Option meals in any way.

INCOME GUIDELINES
Guidelines to be effective from July 1, 2021 through June 30, 2022

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	$23,828	$1,986	$993	$917	$459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional member add	+8,399	+700	+350	+324	+162

If you have any questions or need help, please call 440-974-5227, or email vaccaro@mentorschools.org.

Sincerely,

Ginni Vaccaro

Ginni Vaccaro
School Nutrition Supervisor

2021-2022 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and 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 listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Part 2. BENEFITS: If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) 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 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 Kerry Bowser, Director of Student Services, at 440-974-5241 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	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually"
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$*50.00/quarterly*
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$________/_______
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$________/_______
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$________/_______
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$________/_______
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$________/_______

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver 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 receive free or reduced-price meals.

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

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

Signature of Parent/Guardian: ____ Date: __________________________

Part 6. 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 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 receive 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 to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ 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 per 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 ______

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.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.