

Worthington Schools
Free and Reduced School Meals Application
2024-2025 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.

Applications can also be filled out online at the Worthington Schools website <https://frapps.horizonsolana/WORS01>

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).

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 **\$.00** for breakfast and **\$.00** 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 <u>2024-2025</u>			
Household size	Yearly	Monthly	Weekly
1	\$27,861.00	\$2,322.00	\$536.00
2	\$37,814.00	\$3,152.00	\$728.00
3	\$47,767.00	\$3,981.00	\$919.00
4	\$57,720.00	\$4,810.00	\$1110.00
5	\$67,673.00	\$5,640.00	\$1,302.00
6	\$77,626.00	\$6,469.00	\$1,493.00
7	\$87,579.00	\$7,299.00	\$1,685.00
8	\$97,532.00	\$8,128.00	\$1,876.00
Each additional person:	+\$9,953.00	+\$830.00	+\$192.00

- 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 Rob Messenheimer at 614-450-6000 or rmessenheimer@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.

4. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://frapps.horizonsolana.com/WORS01> to begin or to learn more about the online application process. Contact Food Services at **614-450-6140** if you have any questions about the online application.
5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **9/13/24**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. **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 send in an application.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
8. **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.
9. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **MR. JEFF EBLE, 200 E Wilson Bridge Road, 614-450-6000, jeble@wscloud.org**.
10. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members 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 that you made \$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 we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
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 ISN'T 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 Food Services, **200 E Wilson Bridge Road, 614-450-6140**, to receive a second application.
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 **[614-450-6140]**.

Sincerely,

Brian Hunt
Director Foodservices

2024-2025 Household Application for Free and Reduced Price School Meals

Apply online: <https://frapps.horizonsolana.com/WORS01>

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."
 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.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child Runaway	Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDP/IR?

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

Case Number: _____

Write only one case number in this space.

STEP 3 Report income for ALL Household Members (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.

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			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income					
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
	\$			\$			\$			\$		
	\$			\$			\$			\$		
	\$			\$			\$			\$		
	\$			\$			\$			\$		
	\$			\$			\$			\$		

Total Household Members (Children and Adults) _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To: Food Services 200 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 I may be prosecuted under applicable State and Federal laws.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Printed name of adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits - A friend or extended family member regularly gives a child spending money
-Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust
-Income from any other source	

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic 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.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Black or African American Native Hawaiian or Other Pacific Islander White

Race (check one or more): American Indian or Alaskan Native Asian

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, 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 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.

Do not fill out 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 How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Categorical Eligibility

Household Size

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

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: _____

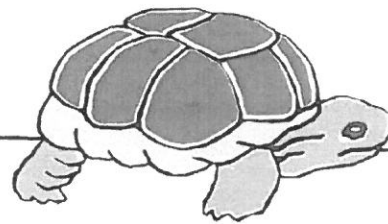
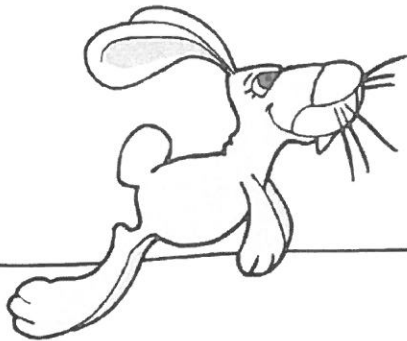
Printed Name: _____

Address: _____

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

**Ate
School Breakfast**

**Didn't eat
School Breakfast**



EAT SCHOOL BREAKFAST
it gives you energy

Breakfast is served at all Worthington City Schools

Times: Elementary 7:30am-8:15am

Middle 8:45am-9:15am

High 8:10am-8:40am

Breakfast times are approximate; please check with your individual school site to verify serving times.

Full Price Breakfast \$1.60

No cost Breakfast Available for those that qualify.



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

