



Avon Lake City Schools

Food Service Department

175 Avon Belden Road Avon Lake, Ohio 44012

Phone (440) 930-8215 • Fax (440) 933-7540

August 2011

Dear Parent/Guardian,

We understand that your child's nutrition and well-being are important to you and we are committed to nutrition excellence and education in our school cafeterias. As we continue to make progressive and healthy changes in our school's cafeterias; we thank you for your support and suggestions.

Our goal is to serve the "freshest, most nutritious, and tastiest" food in a safe and pleasant environment while educating students, parents and staff about nutrition and healthy choices. Our menus will continue to meet the Healthy School Lunch Guidelines and the American Heart Association Guidelines for children. This school year we will be working toward our goal of completing the US Healthy Schools challenge in accordance with the Let's Move campaign.

Our schools are committed to helping your children make healthier snack choices too. We will continue to evaluate the nutritional quality of snacks for calories, fat, saturated fat, trans fat, high fructose corn syrup, protein, fiber, sugar, Vitamin A, Vitamin C, calcium and iron using the Snackwise Nutrition Rating System and the Alliance for a Healthier Generation guidelines. Now you and your children can be confident that the snack choices available at our schools are those that boost energy and provide nutrients their growing bodies need. We are committed to making our schools a place that supports healthy eating through the promotion of smarter snack choices.

Look for these changes and more to come as we continue to improve our services. If you should have any questions about our school lunch program, don't hesitate to contact me directly at 440-930-8215 or shannon.fitzgerald@avonlakecityschools.org Our lunch menus can be viewed online on the district website www.avonlakecityschools.org, look for the Lunch Menu tab. You can also find other nutrition news in the "nutrition/food service" section of the website.

PLEASE NOTE: If your child has an allergy to a food item and is documented by a doctor, please complete the required documentation from your school nurse. We will make a notation of the allergy in our computer system so that your child will be identified as having an allergy to certain foods in the lunch line. If you have any questions please call Shannon FitzGerald at 440-930-8215 or shannon.fitzgerald@avonlakecityschools.org

Sincerely,

Shannon FitzGerald

Shannon FitzGerald
Food Service Supervisor/Dietitian

Avon Lake City Schools

Treasurer's Office
175 Avon Belden Road
Avon Lake, Ohio 44012-1650
Phone: (440) 933-5163
Fax: (440) 933-7540

Dear Parent/Guardian:

Children need healthy meals to learn. Avon Lake City Schools offers healthy meals every school day. Lunch costs are as follows: **Avon Lake High School- \$2.75, Learwood Middle School- \$2.50, Troy Intermediate School- \$2.25, and All Elementary Schools- \$2.25 Lunch.** Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.40 cents for lunch.**

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. 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 the building of the oldest child in your family.

2. Who can get free meals? Children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), or Ohio Works First (OWF) benefits and most foster children can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? If you have not been told your children will get free meals, please call or email [school, homeless liaison or migrant coordinator] to see if they qualify.

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart.

5. Should I fill out an application if I received a letter this school year saying my children are approved for free meals? Please read the letter you got carefully and follow the instructions. Call the school at (440) 930-8215] if you have questions.

6. My Child's application was approved last year. Do I need to fill out another one? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

7. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

8. Will the information I give be checked? Yes, we may ask you to send written proof.

9. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year.

10. 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: [name, address, phone number].

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 for free or reduced price meals.

12. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

13. 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.

14. We are in the military, do we include our housing allowance as income? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

15. My Spouse is deployed to a combat zone. Is her combat pay counted as income? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

16. 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 (440) 930-8215.

Sincerely,

Shannon FitzGerald

Shannon FitzGerald

Nutrition/Food Service Supervisor

Avon Lake City Schools

Treasurer's Office

175 Avon Belden Road

Avon Lake, Ohio 44012-1650

Phone: (440) 933-5163

Fax: (440) 933-7540



PUBLIC RELEASE

The Avon Lake City Schools today announced its 2011-2012 program year policy for free and reduced-price meals for students unable to pay the full price of meals served under the National School Lunch Program. Local school officials have adopted the following income eligibility scale for free or reduced-price meals. Each school office and the central office has a copy of the policy, which may be reviewed by any interested party.

The Federal Income Eligibility Guidelines will be used for determining eligibility. Children from families whose annual income is at or below the Federal Guidelines are eligible for free and reduced price meals.

Application forms are being distributed to all homes in a letter to parents or guardians. To apply for free and reduced-price benefits, households should fill out the application and return it to the school. Additional copies are available at the principal's office in each school. A complete application is required. Households which currently receive Special Nutrition Assistance Program Benefits (SNAP, formally known as food stamps) or Ohio Works First (OWF) funds for a child must provide the child's name, the SNAP or OWF case number and signature of an adult household member on the application. Households which do not receive SNAP or OWF funds must provide the names of all household members, the Social Security Number of the adult signing the application or state "none" if the adult does not have a number, the amount and source of income received by each household member, (state the monthly income) and the signature of an adult household member. If any of this information is missing, the school cannot process the application.

FREE HEALTH CARE: Families with children eligible for school meals may be eligible for FREE health care coverage through Medicaid and/or Ohio's Healthy Start & Healthy Families programs. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call 1-800-324-8680 for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/OHP/consumers/familychild.stm>. Anyone who has an Ohio Medicaid card is already receiving these services.

The information provided on the application is confidential and will be used only for the purpose of determining eligibility and may be verified at any time during the school year by school or other program official. To discourage the possibility of misrepresentation, the application forms contain a statement above the space for signature certifying that all information furnished is true and correct. Applications are being made in connection with the receipt of federal funds. Schools or other officials may check the information on the application at any time during the school year. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal laws.

Households will be notified of the approval or denial of benefits.

In certain cases, foster children are also eligible for these benefits regardless of the household's income. If a family has foster children living with them and wishes to apply for such meals or milk for them, contact the school for more information.

Under the provision of the policy, Shannon FitzGerald, Food Service Supervisor will review applications and determine eligibility. If a parent or guardian disagrees with the decision on the application or the result of verification, the decision may be discussed with the determining official on an informal basis. If a formal appeal is desired, the household has the right to a fair hearing. A fair hearing can be requested either orally or in writing from:

Denise Holcomb
Treasurer
Avon Lake City Schools
Avon Belden Road
Avon Lake, Ohio 44012 Phone: (440) 933-5163

The policy contains an outline of the hearing procedure.

Households may apply for benefits any time during the school year. If a household is not currently eligible and if the household size increases or income decreases because of unemployment or other reasons, the family should contact the school to file a new application. Such changes may make the children of the family eligible for free or reduced-price benefits if the family income falls at or below the levels shown above.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice) Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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 school grade level for each child.

Part 2: List the 10-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: Answer this question if you choose to.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

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

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 call [your school, homeless liaison, migrant coordinator].

Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction 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 fill in part 4.

Part 6: Answer this question if you choose to.

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 school 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: Answer this question if you choose to.

If 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 10-digit case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. 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 tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For 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. For other income, list the amount and check the box to tell us how often each person got for the month 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, 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: 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: Answer this question, if you choose.

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

Part 1: List all household members and the school name and school 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 10-digit case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. 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 tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For 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. For other income, list the amount and check the box to tell us how often each person got for the month 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, 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: 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: Answer this question if you choose to.

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: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

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 ___

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

INCOME ELIGIBILITY GUIDELINES			
Household size	Yearly	Monthly	Weekly
1	20,147	1,679	388
2	27,214	2,268	524
3	34,281	2,857	660
4	41,348	3,446	796
5	48,415	4,035	932
6	55,482	4,624	1,067
7	62,549	5,213	1,203
8	69,616	5,802	1,339
Each additional person:	7,067	589	136

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 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 social security number of the adult household member who signs the application. 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) 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer".

Healthy Start & Healthy Families

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 9) 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.*