

**Ohio Department of Education  
Office of Integrated Student Supports – Child Nutrition Programs  
National School Lunch Program**

**SCHOOL MEAL APPLICATION AND  
SHARING OF APPLICATION INFORMATION FORMS  
For the 2020-2021 Program Year**

**Instructions for School Districts**

This packet contains:

**Required** information that *must* be provided to households:

- Letter to households
- Free and reduced-price school meals application
- Notice to households of approval/denial of benefits<sup>1</sup>

**Optional** application-related materials that *may* be provided to households:

- Sharing Information with Medicaid and *Healthy Start, Healthy Families*
- Sharing Information with other programs

**Optional** application-related materials that *may* be posted at the school:

- *Healthy Start, Healthy Families* flyer informing households of the opportunity to apply for free health care coverage

Pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks.

Highlighted brackets indicate fields where applicants should insert school district specific information. If you make additional changes, you must submit your application package to the Ohio Department of Education, Office of Integrated Student Supports for approval.

This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

Please contact our office with any questions.

Ohio Department of Education  
Office of Integrated Student Supports  
25 South Front Street, Mail Stop 303  
Columbus, Ohio 43215  
(800) 808-6325  
[child.nutrition@education.ohio.gov](mailto:child.nutrition@education.ohio.gov)

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<sup>1</sup>. All households must be notified of their eligibility status and provide eligible children their benefits within 10 operating days of receipt of the application. Households with children who are denied benefits must be given written notification of the denial. The notification must advise the household of the reason for the denial of benefits, the right to appeal, appeal instructions and a statement that the family may reapply for free and reduced-price meal benefits at any time during the school year. Households with children who are approved for free or reduced-price benefits may be notified in writing or verbally.

Please place the following information on school letterhead.

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

Dear Parent/Guardian:

Children need healthy meals to learn. St. Brigid of Kildare offers healthy meals each school day. Lunch costs \$2.75. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is \$ .40 for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

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.

Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

2. **How do I know if 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 or email **St. Brigid of Kildare School** at [jbrown@cducation.org](mailto:jbrown@cducation.org) or 614-718-5825 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. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to Joyce Brown], 7175 Avery Rd Dublin Ohio 43017, 614-718-5825.**
4. **Should I complete an application if I received a letter this school year saying my children are approved already for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact **Joyce Brown, 7175 Avery Rd. Dublin Ohio 43017, 614-718-5825** immediately.
5. **Can I apply online?** Yes. You are encouraged to complete an online application instead of a paper application if possible. The online application requirements are the same and will request the same information as the paper application. Visit [stbrigidofkildare.org](http://stbrigidofkildare.org) to begin or to learn more about the online application process. Contact **Joyce Brown, 7175 Avery Rd. Dublin Ohio 43017, 614-718-5825** with any questions about the online application.
6. **My child's application was approved last year. Do I need to complete another application?** 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 told you that your child is eligible for the new school year.
7. **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.
8. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
9. **If I do not 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 talk to school officials. You also may ask for a hearing by calling or writing to the following contact person: **Joyce Brown, 7175 Avery Rd. Dublin Ohio 43016, 614-718-5825.**
11. **May I apply if someone else 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. **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 made \$900, submit the report with the routine amount of \$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 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. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.
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 also 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. Any additional combat pay resulting from deployment also is excluded from income.

15. **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 **Joyce Brown 7175 Avery Rd. Dublin Ohio 43017 614-718-5825** to receive a second application.
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 **614-718-5825**.

*Si necesita ayuda, por favor llame al teléfono: **614-718-5825**].*

*Si vous voudriez d'aide, contactez nous au numero: **614-718-5825**.*

Sincerely,

Joyce Brown

# 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 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.

## 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 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 **St. Brigid of Kildare School, [jbrown@cdeducation.org](mailto:jbrown@cdeducation.org), 614-718-5825** If not, skip this part.

**Part 4:** Complete only if a child in your household is not 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 did not need to complete in part 4.

**Part 6:** 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.

## 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 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.

### If some children in the household are foster children:

**Part 1:** List all household members and the name of school and 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 7-digit SNAP or OWF 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 **St. Brigid of Kildare School at [jbrown@cdeducation.org](mailto:jbrown@cdeducation.org) or 614-718-5825** 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 appropriate 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 the 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 he or she doesn't have one).

**Part 6:** 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.

**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 a runaway check the appropriate box and call **St. Brigid of Kidlare School** at [jbrown@cdeducation.org](mailto:jbrown@cdeducation.org) or **614-718-5825**. 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, be sure to list the gross income - not the take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on 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 their Social Security Number (or mark the box if he or she doesn’t have one).

**Part 6:** 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.

## 2020-2021 FREE AND REDUCED-PRICE SCHOOL MEALS 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.		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"/>
			<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 St. Brigid of Kildare School at [jbrown@cdeducation.org](mailto:jbrown@cdeducation.org) or 614-718-5825.**

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	Every 2 weeks	Every 3 weeks	Every 4 weeks	Every 5 weeks	Welfare, child support, alimony	Every 2 weeks	Every 3 weeks	Every 4 weeks	Every 5 weeks	Pensions, retirement, Social Security, SSI, VA benefits	Every 2 weeks	Every 3 weeks	Every 4 weeks	Every 5 weeks	All Other Income (include frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$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"/>	\$ _____

### 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 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 6. 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.

<u>Choose one ethnicity:</u>	<u>Choose one or more (regardless of ethnicity):</u>
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

**Do not complete this section. Intended 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: \_\_\_\_\_ 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 \_\_\_

INCOME ELIGIBILITY GUIDELINES			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	8,288	691	160

Your children may qualify for free or reduced-price 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.**

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: How to File a Complaint, 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:

- (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: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Ohio Department of Education  
Office of Integrated Student Supports – Child Nutrition Programs  
National School Lunch Program**

**PROTOTYPE NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS  
for the 2019-2020 Program Year**

**Please place the following information on school letterhead.**

Dear Parent/Guardian:

You applied for free or reduced-price meals for the following child(ren):

_____	_____
_____	_____
_____	_____

Your application for free or reduced-price meals for your child(ren) has been:

Approved for free meals.

Approved for reduced-price meals at \$ .40] for lunch.

\_\_\_ Denied for the following reason(s):

- ( ) Income over the allowable amount.
- ( ) Incomplete application for \_\_\_\_\_
- ( ) Other \_\_\_\_\_

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Name Joyce Brown

Address

Phone

If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or become eligible to receive Food Assistance Program (SNAP) or OWF funds, fill out an application at that time.

Sincerely,

\_\_\_\_\_  
Name Title Date

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, audiotope, 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: How to File a Complaint, 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:

(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: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Last Revised: August 2019

**SHARING INFORMATION WITH MEDICAID/*Healthy Start, Healthy Families***

Dear Parent/Guardian:

If your children receive free or reduced-price school meals, they may also be able to get free or low-cost health insurance through Medicaid or the State of Ohio Healthy Start, Healthy Families Program. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and *Healthy Start, Healthy Families* that your children are eligible for free or reduced-price meals, unless you tell us not to.** Medicaid and *Healthy Start, Healthy Families* only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced-Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or *Healthy Start, Healthy Families*, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced-price meals).

**No! I DO NOT** want information from my Free and Reduced-Price School Meals Application shared with Medicaid or the *Healthy Start, Healthy Families*.

**If you checked no, fill out the form below.**

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 **Joyce Brown** at **614-718-5825**.

**Return this form to: 7175 Avery Rd. Dublin Ohio 43017 by this date \_\_\_\_\_.**

This institution is an equal opportunity provider.

## 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.**

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No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

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Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with [**name of program specific to your school**].

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with [**name of program specific to your school**].

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with [**name of program specific to your school**].

**If you checked yes to any or all boxes above, fill out the form 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 **Joyce Brown** at **614-718-5825** or  
**jbrown@cducation.org**.  
**Return this form to: 7175 Avery Rd. Dublin Ohio 43017 by this**  
**date\_\_\_\_\_.**

This institution is an equal opportunity provider.

# 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 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



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.