

# Child Nutrition Services – St. Cecilia

Kelsey Warren, Child Nutrition and Wellness Director

Dear Parent/Guardian:

Sycamore Child Nutrition Services is excited to offer healthy meals to the students of **St. Cecilia** every school day. Your children may qualify for free meals or for reduced-price meals. The reduced-price is \$0.30 for breakfast and \$0.40 for lunch. Breakfast will cost \$1.50; Regular lunch will cost \$2.75. 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 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 Child Nutrition Service staff.

Federal Eligibility Income Chart (For School Year 2020-21)			
Household Size:	Yearly Gross Income:	Monthly Gross Income:	Weekly Gross Income:
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 add:	\$8,288	\$691	\$160

**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 call 513-686-1796 for more information.

**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.

**4. Can I apply Online?** Yes! We encourage you do apply online as you will receive immediate results.

- **How to online: Type in this URL - <https://www.payschoolscentral.com/>**
  - You will need to create a username and password (Will reuse annually, so keep a note of your login information. This login is the same as your online meal payment username and password)
  - **A printable form can also be found on the district website: <https://school.stceciliacincinnati.org/cafeteria-1>.** If using the printed form, once completed, return to your child's school or to Child Nutrition Services, at the District Office located at 5959 Hagewa Dr., Cincinnati, Ohio 45242.

**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 Child Nutrition Services at 513-686-1796 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. Applications are good for only one school year and the first few days of the next year. 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 after the short-carryover time has ended near the end of September.

**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 or if your household income or size changes.

10. **What if I disagree with the school's decision about my application?** You should first call Child Nutrition Services at 513-686-1796 to see if there was an error on your application. You may also ask for a hearing by contacting Beth Weber, district treasurer, at 513-686-1700 or in writing to: Beth Weber, District Treasurer, 5959 Hagewa Drive, Cincinnati, Ohio 45242.
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 allowance 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. **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 CNS at 686-1796.
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 the district office or your child's school. The office staff will be able to get you a printed copy. You can also email the CNS office at [zinneckerc@sycamoreschools.org](mailto:zinneckerc@sycamoreschools.org) and the CNS Associate 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 Sycamore Child Nutrition Services at 513-686-1796, Monday – Friday between 8:00am – 4:30pm.

Sincerely,  
Kelsey Warren, RD, LD  
Child Nutrition and Wellness Director

## 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 Sycamore CNS office at 513-686-1796. A new application must be submitted by hand or online each school year and for each student. Failure to do so will prevent your student from receiving the meal benefit. Once an application is received and approved, meal benefits will occur from that date forward only. 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 the school, please indicate so by checking the box in upper right corner of the application\*\**

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### ELECTRONIC MEAL APPLICATION:

Sycamore Child Nutrition now 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.

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**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 St Cecilia, 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 your child's school or Child Nutrition Services (CNS) office located at 5959 Hagewa Drive.

*\*\*\*If you got a letter from Child Nutrition 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 call Chad Lewis, Homeless/Runaway Coordinator at 513-686-1700 for further instructions.

**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. 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 your child's school or CNS at the District Office.

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**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 your child's school or CNS at the District Office.

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**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 your child's school or Child Nutrition Services at 5959 Hagewa Drive, Cincinnati, OH 45242.

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

\*\*If you are new to the meal program or Sycamore Community 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 your child’s school or Child Nutrition Services at 5959 Hagewa Drive, Cincinnati, OH 45242.

### 2020 FEDERAL INCOME GUIDELINES

Household Size	Annual Salary	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 reduce-priced meals if your household income falls at or below the limits on this chart.

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 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 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](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide 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, Director, 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](mailto:program.intake@usda.gov)



**St. Cecilia School**  
**2020-21 Free and Reduced Price School Meals Family Application**

*Each household needs only one application and return it to the child's school or  
 Child Nutrition Services, 5959 Hagewa Drive, Cincinnati, Ohio 45242.*

Electronic application available at <https://www.payschoolscentral.com/>

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

**PART 1. ALL HOUSEHOLD MEMBERS (Use a separate application for each foster child.)**

Names of ALL household members (PRINT Clearly: First, Middle Initial, Last)	Mark Children enrolled at St. Cecilia with an "X"	Child's Current Grade	Check box if foster child legal responsibility of welfare or court <i>If all are foster, skip to part 5</i>	If NO Income Must Check box
			<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 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. **CASE NUMBER:** \_\_\_\_\_

**PART 3. CHILD IDENTIFICATION**

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Chad Lewis, Homeless/Runaway Coordinator at 513-686-1700.  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 how often it was received.)**

List Per Person	Work Earnings	Frequency of Paycheck				Earnings from Assistance programs  Such as: Welfare, child support, alimony	Frequency of Payment				Earnings from benefits  Such as: Pensions, retirement, SS, SSI, VA benefits	Frequency of Payment				Any Other Earnings  *Not a Total	Frequency of Payment			
		Weekly	Every 2 weeks	Twice a month	Monthly		weekly	every 2 weeks	twice a month	monthly		Weekly	Every 2 weeks	Twice a month	Monthly		Weekly	Every 2 weeks	Twice a month	Monthly
<i>List only those family members with income</i>	Gross Earnings (before deductions)	Weekly	Every 2 weeks	Twice a month	Monthly	\$	weekly	every 2 weeks	twice a month	monthly	\$	Weekly	Every 2 weeks	Twice a month	Monthly	\$	Weekly	Every 2 weeks	Twice a month	Monthly
	\$	<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"/>
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	\$	<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. 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 6. SIGNATURE AND 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.**

*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 6/3/19.** 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: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Response: \_\_\_\_\_  
**Verification Result:** No Change \_\_\_\_\_ Free to Reduced-Price \_\_\_\_\_ Free to Paid \_\_\_\_\_ Reduced-Price to Free \_\_\_\_\_ Reduced-Price to Paid \_\_\_\_\_ Results Sent: \_\_\_\_\_