

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

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**Mayfield Parents,**

Mayfield City School District offers healthy meals every school day. Elementary Lunch costs \$2.75, Middle School Lunch is \$3.00 and High School Lunch is \$3.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.40 for lunch and \$.30 for breakfast.

Households can also apply online through the INFINITE CAMPUS PARENT PORTAL. Log-in to the Parent Portal and click on Application/Forms to apply for Free/Reduced meals. 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 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 may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

<b>FEDERAL ELIGIBILITY INCOME CHART For School Year 2018-2019</b>			
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Weekly</b>
<b>1</b>	<b>\$22,459</b>	<b>\$1,872</b>	<b>\$432</b>
<b>2</b>	<b>30,451</b>	<b>2,538</b>	<b>586</b>
<b>3</b>	<b>38,443</b>	<b>3,204</b>	<b>740</b>
<b>4</b>	<b>46,435</b>	<b>3,870</b>	<b>893</b>
<b>5</b>	<b>54,427</b>	<b>4,536</b>	<b>1,047</b>
<b>6</b>	<b>62,419</b>	<b>5,202</b>	<b>1,201</b>
<b>7</b>	<b>70,411</b>	<b>5,868</b>	<b>1,355</b>
<b>8</b>	<b>78,403</b>	<b>6,534</b>	<b>1,508</b>
<b>Each additional person:</b>	<b>7,992</b>	<b>666</b>	<b>154</b>

- 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** Robin Smeal, Food Service Director, Mayfield City School District, 440-995-7835 or [rsmeal@mayfieldschools.org](mailto:rsmeal@mayfieldschools.org).

**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 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.

**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 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.

**15. 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 Robin Smeal, Food Service Director, Mayfield City School District, 440-995-7835 or [rsmeal@mayfieldschools.org](mailto:rsmeal@mayfieldschools.org) to receive a second application.

**16. Why am I being asked about giving my consent for an instructional fee waiver?** Ohio public schools are required to waive the school instructional fees for children who qualify for free meal benefits. School Food Service personnel must have parent consent to share student meal application if your child(ren) qualify for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials to see if he/she/they qualifies for a fee waiver then check "yes" in part 5. If you do not wish for that information to be shared, then check "no" in part 5. Answering no to this question will mean your child will not be able to be considered for a fee waiver. Answering this question either way will not change whether your child(ren) will get free or reduced price meals.

**17. 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, contact** Robin Smeal, Food Service Director, Mayfield City School District, 440-995-7835 .

**Sincerely,**

*Robin Smeal*, RD, LD, Food Service Director

Mayfield City Schools

1101 SOM Center Rd. Mayfield Hts Oh 44124

[rsmeal@mayfieldschools.org](mailto:rsmeal@mayfieldschools.org)

## 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 7 or 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** 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 440-995-7835  
**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.  
**Part 5:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** 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 7:** 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 7:** 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 school name 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 7 or 10-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 440-995-7835. 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:** Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.  
**Part 6:** 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 7:** Answer this question, if you choose.



# 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.*