

# BERLIN-MILAN LOCAL SCHOOLS

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## BERLIN ELEMENTARY SCHOOL

20 Center Street, Berlin Heights, OH 44814  
Mrs. Diane Miller, Principal  
Phone: (419) 588-2079  
Email: [dmiller@berlin-milan.org](mailto:dmiller@berlin-milan.org)

## MILAN ELEMENTARY SCHOOL

140 S. Main Street, Milan, OH 44846  
Mrs. Cheryl Steris, Principal  
Phone: (419) 499-2471  
Email: [csteris@berlin-milan.org](mailto:csteris@berlin-milan.org)

## BERLIN-MILAN MIDDLE SCHOOL

20 Center Street, Berlin Heights, OH 44814  
Mr. Doug Crooks, Principal  
Phone: (419) 588-2078 or (419) 499-2696  
Email: [dcrooks@berlin-milan.org](mailto:dcrooks@berlin-milan.org)

## EDISON HIGH SCHOOL

2603 State Route 113 E., Milan, OH 44846  
Mr. Jeff Goodwin, Principal  
Phone: (419) 499-4652 or (419) 588-2684  
Email: [jgoodwin@berlin-milan.org](mailto:jgoodwin@berlin-milan.org)

## Mr. David H. Snook Superintendent

140 S. Main Street  
Milan, OH 44846-9735  
Phone: (419) 499-4272, ext. 1112  
Fax: (419) 499-4859

## BOARD OF EDUCATION

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Dear Parent/Guardian:

Children need healthy meals to learn. **Berlin-Milan Local School District** offers healthy meals every school day. Breakfast costs **\$1.50**; lunch costs **\$2.00 at Elementary School level and \$2.25 at Middle and High School levels**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** 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: Trina McIlrath 2603 State Route 113 East Milan, Ohio 44846. 419-499-4652 Ext. 1004 or 419-588-3212 Ext. 1004.**

**2. Who can get free meals?** Children in households receiving benefits through the **Food 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 income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway and migrant children get free meals?** Please call **Hope Barker 419-499-4652 Ext. 1106 or 419-588-3212 Ext. 1106** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

**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, shown on this application.

**5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **419-499-4652 Ext. 1004 or 419-588-3212 Ext. 1004** if you have questions.

**6. 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.

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

**8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start **receiving Food Assistance Program (SNAP)** benefits or getting OWF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Mr. David Snook 140 South Main Street Milan, Ohio 44846. 419-499-4272 Ext 1112.**

**10. 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.

**11. 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.

**12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

**13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **419-499-4652 Ext. 1004** or **419-588-3212 Ext. 1004.**

*Si necesita ayuda, por favor llame al teléfono: 419-499-4652 Ext. 1004* or *419-588-3212 Ext. 1004.*

*Si vous voudriez d'aide, contactez nous au numero: 419-499-4652 Ext. 1004* or *419-588-3212 Ext. 1004.*

#### INSTRUCTIONS FOR APPLYING

**If your household receives benefits from the Food Assistance Program (SNAP, formerly the Food Stamp Program), or gets Ohio Works First (OWF), follow these instructions:**

**Part 1:** List child(ren)'s name, school, grade, and a **10 digit** SNAP (Food Stamp) or OWF case number beside each child's name. Ohio Direction Card Numbers are not acceptable (these are 16 digits in length).

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].

Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

**If you are applying for a FOSTER CHILD, follow these instructions:**

**Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.

**Part 2:** Skip this part.

**Part 3:** Check the box and list the child's personal use monthly income, if any.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each child's name, school, and grade.

**Part 2:** Check the appropriate box, if any.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 –Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

*All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6:** Answer this question if you choose to.

**2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	10-digit Food Assistance Program* (SNAP, Food Stamp) or OWF case # (if any) for each child. <b>Skip to Part 5 if you list a SNAP* or OWF case #</b>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 5.

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List everyone in household)  (Example) <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/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"/>

**Part 5. 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 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 get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*  
 Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities (optional)**

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

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

<b>FEDERAL INCOME CHART</b>			
For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	6,919	577	134

\* SNAP: Food Assistance Program (formerly the Food Stamp Program)

**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 **Food Assistance Program (SNAP, former Food Stamp Program)**, 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

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

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Dear Parent/Guardian:

If your children get 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).

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**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 **Hope Barker 419-499-4652 Ext. 1106 or 419-588-3212 Ext. 1106**  
**Return this form to: 140 South Main Street Milan, Ohio 44846 by August 28, 2009.**

## SHARING INFORMATION WITH OTHER PROGRAMS

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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 **to determine eligibility for waiver in the pay to participate program.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Little Chargers Pre-school**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **YMCA Pre-school.**

**If you checked yes to any or all of the 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 **Trina McIlrath** at **419-499-4652 Ext. 1004** or **419-588-3212 Ext. 1004**.  
**Return this form to: 2603 State Route 113 East Milan, Ohio 44846 by August 28, 2009**