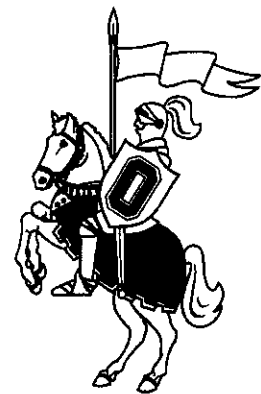


# Otsego Local Schools



**Mr. James R. Garber, Superintendent**

[jgarber@otsegoknights.org](mailto:jgarber@otsegoknights.org)

**Mr. Adam Koch, Treasurer**

[akoch@otsegoknights.org](mailto:akoch@otsegoknights.org)

P.O. Box 290

Tontogany, Ohio 43565-0290

(419) 823-4381 Phone

(419) 823-3035 Fax

## **Otsego High School**

**Mr. Jeff Snyder, Principal**

[jsnyder@otsegoknights.org](mailto:jsnyder@otsegoknights.org)

**Mr. Mike Wiley, Assistant Principal**

[mwiley@otsegoknights.org](mailto:mwiley@otsegoknights.org)

P.O. Box 290

Tontogany, Ohio 43565

(419) 823-4381 office

(419) 823-3035 fax

## **Otsego Junior High**

**Mr. Jeff Snyder, Principal**

[jsnyder@otsegoknights.org](mailto:jsnyder@otsegoknights.org)

P.O. Box 290

Tontogany, Ohio 43565

(419) 823-4381 office

(419) 823-3035 fax

## **Grand Rapids Elementary**

**Mr. Harold Bower, Principal**

[hbower@otsegoknights.org](mailto:hbower@otsegoknights.org)

17595 Bridge Street

Grand Rapids, Ohio 43522

(419) 832-4765 office

(419) 832-2803 fax

## **Haskins Elementary**

**Mr. James R. Garber**

[jgarber@otsegoknights.org](mailto:jgarber@otsegoknights.org)

405 Findlay Street

Haskins, Ohio 43525

(419) 823-1591 office

(419) 823-1116 fax

Dear Parent / Guardian

Children need healthy meals to learn. Otsego Local Schools offer healthy meals every school day. High School and Junior High breakfast costs \$1.25; lunch costs \$2.65. Elementary breakfast costs \$1.25; lunch costs \$2.40. Your children may qualify for free meals or for reduced price meals. Reduced breakfast is .30¢ and .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 your student's school.**

**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 foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any Foster child in the household is eligible for free meals regardless of income.

**3. Can homeless, runaway and migrant children get free meals?** If you have not been told your children will get free meals, please call school guidance counselor, homeless liaison or migrant coordinator.

**4. Who can get reduced price meals?** Your children can get low cost meals if your income is within the reduced price limits on the Federal Income Chart, shown in your application information.

**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 419-823-4381 ext. 1104 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 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.

**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 **Mr. James Garber, P.O.Box 290 Tontogany, Ohio 43565.**

**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) who share income expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

**13. 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.

**14. 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.

**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: 419-823-4381 ext. 1104

Sincerely,

Nancy Beelman  
Cafeteria Supervisor

## 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, FDIPIR, 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.



## 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 with **Pay to Participate**.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **the Treasurer's Office for school fees**.

**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 **Nancy Beelman** at 419-823-4381 ext. 1104  
**Return this form to: Students School by October 1, 2011**

**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 Nancy Beelman at 419-823-4381 ext. 1104.  
Return this form to: Students Scholl by October 1, 2011.