



## Frequently Asked Questions About Free and Reduced-Price School Meals 2024-2025 School Year

Dear Parent/Guardian:

Children need healthy meals to learn. Tri-Valley Local Schools offers healthy meals each school day. Breakfast costs \$1.00 for grades K-6 and \$1.25 for grades 7-12; lunch costs \$2.20 for grades K-6 and \$2.35 for grades 7-12. Your children may qualify for free meals or for reduced price meals. Reduced priced meals are free for the 2024-2025 school year. This packet includes an application for free or reduced-price meal benefits, and a set of 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.

| INCOME ELIGIBILITY GUIDELINES 2024-2025 |          |         |        |
|---|----------|---------|--------|
| Household size                          | Yearly   | Monthly | Weekly |
| 1                                       | \$27,861 | \$2,322 | \$536  |
| 2                                       | 37,814   | 3,152   | 728    |
| 3                                       | 47,767   | 3,981   | 919    |
| 4                                       | 57,720   | 4,810   | 1,110  |
| 5                                       | 67,673   | 5,640   | 1,302  |
| 6                                       | 77,626   | 6,469   | 1,493  |
| 7                                       | 87,579   | 7,299   | 1,685  |
| 8                                       | 97,532   | 8,128   | 1,876  |
| Each Additional Person:                 | 9,953    | 830     | 192    |

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 or 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 Tri-Valley Local Schools at (740)754-1442 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 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 youngest students' school.
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 If any children in your household were missing from the eligibility notification, contact Tri-Valley Local Schools at (740)754-1442.
5. Can I apply online? Yes. If possible, you are encouraged to complete an online application instead of a paper application. The online application requirements are the same and will request the same information as the paper application. Visit [www.payschoolscentral.com](http://www.payschoolscentral.com) to begin or to learn more about the online application process. Contact the Tri-Valley Administrative Office at (740)754-1442 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 notified 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: Craig Strohacker, Director of Operations, 36 East Muskingum Avenue, Dresden, OH, 43821, (740)754-1442.
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. Craig Strohacker, Director of Operations, 36 East Muskingum Avenue, Dresden, OH, 43821, (740)754-1442.
16. Why am I being asked to give my consent for an instructional fee waiver? Ohio public schools are required to waive the school instructional fees for children that qualify for free meal benefits. School food service personnel must have parent consent to share the 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 they qualify for a fee waiver then select **yes** in part 5. If you do not wish for that information to be shared, then select **no** in part 5. Answering no to this question will mean your child will not be considered for a fee waiver. Answering this question either way will not change your child(ren)'s free or reduced-price meal eligibility.
17. My family needs more help. Are there other programs we might apply for? To find out how to apply for Ohio Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call (740)754-1442  
Si necesita ayuda, por favor llame al teléfono: (740)754-1442  
Si vous voudriez d'aide, contactez nous au numero: (740)754-1442

Sincerely,



Craig Strohacker  
Director of Operations

## 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:** 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:** 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 Craig Strohacker, Director of Operations at [cstrohacker@tvschools.org](mailto:cstrohacker@tvschools.org) or call (740)754-1442. 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:** 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 did not need to complete in part 4.
- Part 7:** 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 APPLY 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 that indicates 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:** 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 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-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 Craig Strohacker, Director of Operations at [cstrohacker@tvschools.org](mailto:cstrohacker@tvschools.org) or call (740)754-1442. 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 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:** 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 he or she does not have one).

**Part 7:** 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 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 Craig Strohacker, Director of Operations at [cstrohacker@tvschools.org](mailto:cstrohacker@tvschools.org) or call (740)754-1442. 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 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:** 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:** 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 does not have one).

**Part 7:** 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.

# 2024-2025 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

## Part 1. ALL HOUSEHOLD MEMBERS

| Names of <u>all</u> household members<br>(First, Middle Initial, Last) | Name of school and grade level for each<br>child/or indicate "NA" if child is not in<br>school. |       | Check if a foster child (legal responsibility of<br>welfare agency or court)<br>*If all children listed below are foster children,<br>skip to Part 5 to sign this form. | Check if<br>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 Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (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 Craig Strohacker, Director of Operations at cstrohacker@tvschools.org or call (740)754-1442.**

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<br>(List all household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED |                                     |                          |                          |                          |  |                          |                                     |                          |                          |  |                          |                          |                          |                          |   |
|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
|   | Earnings<br>from work<br>before<br>deductions | Weekly                              | Every 2 Weeks            | Twice Monthly            | Monthly                  | Welfare,<br>child<br>support,<br>alimony | Weekly                   | Every 2 Weeks                       | Twice Monthly            | Monthly                  | Pensions,<br>retirement,<br>Social<br>Security,<br>SSI, VA<br>benefits | Weekly                   | Every 2 Weeks            | Twice Monthly            | Monthly                  | All Other Income<br>(indicate<br>frequency, such as<br>"weekly" "monthly"<br>"quarterly"<br>"annually") |
| <b>(Example) Jane Smith</b>                         | \$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"/> | \$50.00/<br>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"/> | \$ /  |
|   | \$  | <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. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:** Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: ☐ **Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**

☐ **No, I do not agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 6. 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: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_ ☐ I do not have a Social Security Number

**Part 7. 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.

|  |  |
|--|--|
| Choose one ethnicity:                        | Choose one or more (regardless of ethnicity):                      |
| <input type="checkbox"/> Hispanic/Latino     | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Not Hispanic/Latino | <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                 |

Please enter email address for notification: \_\_\_\_\_



|  |  |   |               |
|--|--|---|---------------|
| <b>Do not complete this section. Intended for school use only.</b>   |  |   |               |
| 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 ____         |  |   |               |

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.

| INCOME ELIGIBILITY GUIDELINES<br>2024-2025 |          |         |        |
|--|----------|---------|--------|
| Household size                             | Yearly   | Monthly | Weekly |
| 1  | \$27,861 | \$2,322 | \$536  |
| 2  | 37,814   | 3,152   | 728    |
| 3  | 47,767   | 3,981   | 919    |
| 4  | 57,720   | 4,810   | 1,110  |
| 5  | 67,673   | 5,640   | 1,302  |
| 6  | 77,626   | 6,469   | 1,493  |
| 7  | 87,579   | 7,299   | 1,685  |
| 8  | 97,532   | 8,128   | 1,876  |
| Each Additional Person:                    | 9,953    | 830     | 192    |

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

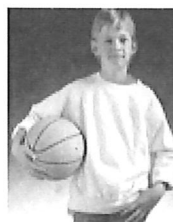
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

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

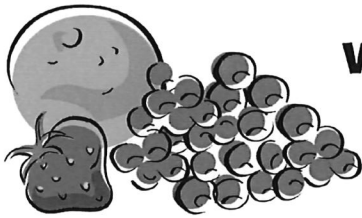


Your family's size and income determines if you and your family are eligible for Healthy Start or Healthy Families.  
Healthy Start & Healthy Families are Medicaid Programs administered by The Ohio Department of Job & Family Services.

# START



## your day the right way with School Breakfast!



**School Breakfast**  
will give you **MORE** energy,  
keep your body healthy  
and help improve your grades!

*Tri-Valley Local Schools offers breakfast to all  
students in grades Pre-K through Grade 12.*

*Cost: Eligible Free*

*Free*

*Eligible Reduced Price*

*Free\**

*Full Pay Price: Pre-K - Grade 6*

*\$1.00*

*Grades 7-12*

*\$1.25*

2024-2025

\* Reduced Priced Meals Free for 2024-2025





### **STUDENT MEAL CHARGES**

The Board desires to allow children to receive the nutrition they need to stay focused during the school day, minimize identification of children with insufficient funds to pay for school meals, and maintain the financial integrity of the District's food service account. This policy sets forth how the District will handle situations where children do not have money in their account or in hand to cover the cost of their meal at the time of service.

Preschool through 8<sup>th</sup> grade students who pay full price for meals may charge lunch up to a negative balance sufficient to cover the cost of one full lunch. Students may not charge breakfast. When a negative balance is reached, the parents/guardians/custodians of the student will be contacted by the District. An alternative lunch consisting of a peanut butter sandwich or yogurt, fruit, and milk will be provided to the student for up to five times for an additional \$1.00 charge per alternative lunch until the entire negative balance is paid in full. Students with a negative account balance may not purchase snack or a la carte items with cash or by charge.

Preschool through 8<sup>th</sup> grade students who have been approved for reduced price meals may charge lunch up to a negative balance sufficient to cover the cost of one full lunch. Students may not charge breakfast. When a negative balance is reached, the parents/guardians/custodians of the student will be contacted by the District. A full lunch will be provided for up to five times for an additional \$.40 charge per lunch until the entire negative balance is paid in full. Students with a negative account balance may not purchase snack or a la carte items with cash or by charge.

High School students in grades 9-12 who pay full price for meals or have been approved for reduced price meals may charge lunch up to a negative balance sufficient to cover the cost of one full lunch. Students may not charge breakfast. Students with a negative account balance may not purchase snack or a la carte items with cash or by charge.

Students in all grade levels who have been approved for free price meals will always be provided with a free breakfast and free lunch even if they have a negative account balance. Students with a negative account balance may not purchase snack or a la carte items with cash or by charge.

The District shall communicate regularly with the parents of students regarding collection of a negative meal balance. If a negative balance remains unpaid for four weeks or more, the Board reserves the right to take legal action to collect on the debt.

This policy is to be provided in writing to all households at the start of each school year and to households transferring to the District during the school year. A copy of this policy shall also be provided to all District staff responsible for its enforcement.

LEGAL REFS: *Unpaid Meal Charges: Local Meal Charge Policies*, United States Department of Agriculture, SP 46-2017.