



Revere Local School District

3496 Everett Road • Richfield, Ohio 44286 • P.O. Box 340 • Bath, Ohio 44210

Mr. Dan White, Superintendent

Mrs. Brenda L. Moll, Administrative Assistant

Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. The **Revere Local Schools** offers healthy meals each school day. Breakfast costs **\$1.75** and lunch costs Elementary **\$2.75**, Middle School **\$3.00** and High School **\$3.00-\$3.25**. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is \$.30 for breakfast and \$.40 for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions. Below are some common questions and answers to help you with the application process.

- 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

- 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 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 or email **Christine Modin at cmodin@revereschools.org or 330-523-3121** to see if they qualify.
- Do I need to fill out an application for each child?** No. Use one free and reduced-price school meal application for all students in your household. We cannot approve an application that is not complete. Please submit all required information. **Return the completed application to Aaron Gnap, Food and Nutrition Office; P.O. Box 339, Bath, Ohio 44210, 330-523-3422.**
- 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 **Aaron Gnap, Food and Nutrition Office; P.O. Box 339, Bath, Ohio 44210, 330-523-3422** immediately.

5. **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.
6. **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.
7. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
8. **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.
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 the following contact person: **Richard Berdine, 3496 Everett RD, P.O. Box 340, Bath, Ohio, 330-523-3106.**
10. **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.
11. **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.
12. **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.
13. **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.
14. **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. Contact **Aaron Gnap, Food and Nutrition Office; P.O. Box 339, Bath, Ohio 44210, 330-523-3422** to receive a second application.
15. **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.
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 **330-523-3422**

Si necesita ayuda, por favor llame al teléfono: 330-523-3422

Si vous voudriez d'aide, contactez nous au numero: 330-523-3422

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 **Christine Modin at cmodin@revereschools.org or 330-523-3121**. 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 **Christine Modin at cmodin@revereschools.org or 330-523-3121** 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 **Christine Modin at cmodin@revereschools.org or 330-523-3121**. 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.

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.

2024-2025 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS																
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.				Check if a foster child (legal responsibility of welfare agency or court)				Check if No Income							
	School	Grade			*If all children listed below are foster children, skip to Part 5 to sign this form.											
					<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 Christine Modin 330-523-3121 Or email Cmodin@reverseschools.org .Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>																
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.																
2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																
1. NAME (List all household members with income)	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually")
<i>(Example) Jane Smith</i>	\$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/ 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"/>	\$ _____/ _____
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: <input type="checkbox"/> Yes, I agree to have my meal application used to determine if my child(ren) qualifies for a fee waiver.																
<input type="checkbox"/> 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: _____

Address: _____ 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:

Hispanic/Latino Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

Do not complete this section. Intended 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 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: _____ 2nd Notice Sent: _____ Results Sent: _____

Verification Result: No Change ___ Free to Reduced Price ___ Free to Paid ___ Reduced Price to Free ___ Reduced Price to Paid ___

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			
2024-2025			
Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	37,814	3,152	728
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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

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 reprisal 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: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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

Dear Parent/Guardian:

If your children receive 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).

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 **Aaron Gnap** at **330-523-3422**

Return this form to: Food and Nutrition Department; P.O. Box 339, Bath, Ohio, 44210

SHARING INFORMATION WITH OTHER PROGRAMS

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.**

No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **Bath Elementary for 5th Grade Trip to Cuyahoga Valley Environmental Education Trip.**

Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with **Revere Power Pack Program (all buildings).**

Yes! I **DO** want to receive information from Heart of Revere.

List all members requesting assistance

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 **Aaron Gnap** at **330-523-3422** or Agnap@revereschools.org Return this form to: Food and Nutrition Department; P.O. Box 339, Bath, Ohio, 44210
This institution is an equal opportunity provider.



FACEBOOK, INSTAGRAM, TWITTER | [@HEARTOFREVERE](#)
WEBSITE | [HEARTOFREVERE.MEMBERHUB.COM](#)

A registered 501 (c)(3) non-profit organization

Dear Parent/Guardian:

With the assistance and guidance of Bonnie Simonelli - Revere's Community Support Interventionist, The **Heart of Revere** offers gently used and newly purchased clothing/shoes, toiletries and school supplies to all students and members of their households within the Revere Local School district, dealing with a hardship.

Whether it be household products, casual clothing, spirit wear, clothing to gain employment, attend social events, or simply a need to get through growth spurts, or seasonal activities - We Are Here to Help. We also offer financial support to assist with costs to participate in Revere school affiliated events and/or programs.

For a more convenient alternative, we also offer **HEART BOX** - a free monthly subscription delivered to your door. **Interested in our free-monthly subscription?** Please complete the application found on our website <https://heartofrevere.memberhub.com/w/HEARTBOX> or by emailing heartofrevestylist@gmail.com

Those interested in receiving assistance from Heart of Revere, must contact either a Revere School building staff member or counselor, email Heart of Revere organizers at heartofrevere@gmail.com, or by filing out this application.

Yes! I **DO** want to receive more information from **Heart of Revere**.

Yes! I **DO** want to receive Thanksgiving Family Meal information.

List all members requesting assistance

Child's Name(s) and age(s): _____

Family Member(s): _____

Name of Parent/Guardian: _____ Date: _____

Email: _____ Phone Number _____

Address: _____

For questions, you may call or email **Bonnie Simonelli, Revere's Community Support Interventionist** at **330.523.3415** or bsimonelli@revereschools.org

Return this form to: Bonnie Simonelli c/o Heart of Revere to any Revere Schools front office staff
Heart of Revere is committed to maintaining the confidentiality of any individual or family.



**THE
HEART
OF REVERE**

FOLLOW US ON SOCIAL MEDIA @HEARTOFREVERE



Be sure to visit our website <https://heartofrevere.memberhub.com>

A REGISTERED 501(C)(3) NON PROFIT ORGANIZATION

A VOLUNTEER BASED OUTREACH PROGRAM ESTABLISHED IN 2021. PROVIDING MEN, WOMEN, AND CHILDREN OF ALL AGES WITHIN THE REVERE SCHOOL DISTRICT KEY NECESSITIES FREE OF CHARGE.

WHETHER IT BE HOUSEHOLD OR SCHOOL SUPPLIES, SPIRIT WEAR, CASUAL CLOTHING, CLOTHING TO GAIN EMPLOYMENT, ATTEND SOCIAL EVENTS OR A NEED TO GET THROUGH GROWTH SPURTS AND/OR SEASONAL ACTIVITIES - WE ARE HERE TO HELP! WE ALSO OFFER FINANCIAL SUPPORT TO ASSIST WITH COSTS TO PARTICIPATE IN REVERE SCHOOL AFFILIATED EVENTS AND/OR PROGRAMS.

MONTHLY SUBSCRIPTION SERVICE

HEART BOX- A FREE SUBSCRIPTION OFFERING A CONVENIENT ALTERNATIVE FOR MEMBERS OF OUR COMMUNITY TO RECEIVE HAND SELECTED CLOTHING DELIVERED TO THEIR HOME EACH MONTH. VISIT OUR WEBSITE FOR AN APPLICATION OR EMAIL HEARTOFREVERESTYLIST@GMAIL.COM



READ & RECYCLE

WE ACCEPT AND ENCOURAGE REVERE STUDENTS TO RECYCLE ELA BOOKS AT THE END OF EACH SCHOOL YEAR. BOOKS MAY BE PLACED IN THE HEART OF REVERE BINS LOCATED WITHIN EACH SCHOOL BUILDING. VISIT OUR WEBSITE TO VIEW A LIST OF INVENTORY. IN NEED OF A BOOK NOT LISTED? PLEASE EMAIL HEARTOFREVERE@GMAIL.COM

WAYS THE COMMUNITY CAN HELP

- MAKE A TAX-DEDUCTIBLE MONETARY DONATION USING THE QR BELOW OR BY VISITING OUR WEBSITE.
 - All funds received go directly to support the needs within the Revere District community.
- CONTACT heartofrevere@gmail.com TO MAKE TAX-DEDUCTIBLE IN-KIND DONATIONS:
 - Toiletries, Household supplies, Socks and Undergarments must be newly packaged.
 - Shoes and Clothing should be new or gently used and laundered.
 - School supplies of any kind accepted.
 - Revere Spirit Wear of any kind accepted.
 - We do not accept Toys or Household items.
- PURCHASE OUR COMMUNITY COOKBOOK, SUBMIT RECIPES AND SUPPORT OUR FUNDRAISERS.

ALL COMMUNITY MEMBER ARE WELCOME TO SWAP OR RENT CLOTHING/SHOES.

SCAN TO
VIEW WEBSITE



SCAN TO DONATE
VIA VENMO



SCAN TO DONATE
VIA CREDIT CARD



SCAN TO ACCESS
OUR COOKBOOK



SCAN TO ACCESS
AVAILABLE ITEMS



SCAN TO ACCESS
READ & RECYCLE



OUR PROGRAMS ARE INTENDED TO HELP EASE THOSE DEALING WITH A HARDSHIP. WE ARE COMMITTED TO MAINTAINING THE CONFIDENTIALITY OF ANY INDIVIDUAL OR FAMILY.