Jackson-Milton Local Schools

RETURN THIS FORM IMMEDIATELY
Students risk exclusion for failure to return this form

Date: _____ Grade: _____
Teacher: _____

Student Name: _____ Male ____ Female ____
Address: _____ City _____ Zip: _____
Home Phone: _____ Date of Birth: _____ Age: _____

Military Student: _____ Not Applicable _____ A – Active Duty – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) _____ B – National Guard – Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard) _____ C – Reserves – Reserve Duty

Primary Contact & Relationship

*Please notify office of any change in address and/or custody

Name: _____ Name: _____
Address: _____ Address: _____
City, Zip _____ City, Zip: _____
Phone Number: _____ Phone Number: _____
Email Address: _____ Email Address: _____
Relationship to Student: _____ Relationship to Student: _____
Daycare/Other: _____ Phone: _____
Siblings' Name & Date of Birth: 1. _____ 3. _____
2. _____ 4. _____

If Parents Are Separated Or Divorced Who Has Custody?

Custodial Parent/Guardian: _____
Address: _____ Phone: _____

If Parents Are Not Available, In Case Of Emergency Call:
(The individual listed will be permitted to sign this student out of school when parent can't be contacted)

1. Name: _____
   Phone: _____
   Relationship to Student: _____
2. Name: _____
   Phone: _____
   Relationship to Student: _____
3. Name: _____
   Phone: _____
   Relationship to Student: _____
4. Name: _____
   Phone: _____
   Relationship to Student: _____

In Case Of Emergency Dismissal, My Child Should Go To This Local Address:

_____

OVER
SIDE 2 MUST BE COMPLETED

Please describe medical conditions your child has including instructions for school or hospital staff to follow in the event of an emergency: (please note that every effort possible will be made to contact individuals listed on this form first; however realize that it may not always be possible to reach those listed! Give information accordingly. Please list such things as allergies and medical conditions, etc.) This information will be provided to hospital staff (if necessary) or school staff unless instructed otherwise.

_____

_____

_____

Dentist: _____ Phone: _____

Doctor: _____ Phone: _____

Specialist: _____ Phone: _____

Permission to contact child's doctor if necessary: Yes _____ No _____

Health Insurance: _____ Policy # _____ Group # _____

Insured Name: _____

Preferred Hospital: _____

Medications: _____ _____

_____ _____

PLEASE SIGN ONLY ONE LINE BELOW INDICATING YOUR WISHES:

Part I – To Grant Consent:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed above.

_____ _____

Signature of Parent/Guardian Date

Part II – Refusal to Consent:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____

_____

_____ _____

Signature of Parent/Guardian Date

JMHS Student/Parent Cell Phone Contract

Student cell phones are a good way for students to communicate with parents during after school activities. While we understand the value of having cell phones available after school, we do not want them to interfere with learning during the school day. Therefore all student cell phones should be turned off and stored in the student's locker during normal school hours (from arrival to dismissal, this includes lunch,intervention, reinforcement and study halls). Lockers where cell phones are stored are provided with a lock for student protection. Thank you for your cooperation

The following disciplinary procedures will be followed:

1st offense –confiscated and returned at the end of the day on the first offense, Parent will be notified and a letter will be sent to document the incident
2nd offense – Phone taken and returned to PARENT only.
3rd offense - On the third and subsequent offenses, ISS/OSS will be given and a parent/guardian will be required to come to the school to pick up the device.

Parent Signature _____ Date _____

Student Signature _____ Date _____

All students must return a signed contract before bringing a cell phone to school.

Level 3 Behavior

(Illegal and/or serious misconduct – potentially life or health threatening)

A student committing behavior which is classified as level 3 may be subject to suspension from the school, and subject to a recommendation for expulsion from The Jackson-Milton Local School System.

26 Possession or Use of Weapons or Dangerous Instruments

Possessing, handling, transmitting, or using any kind of firearm, knife, razor, club, chain or other look-alike or replica object or item which can be considered a weapon or used as a weapon. This includes bringing such items into the school, bus, or to a school-sponsored activity for another person. It also includes having such items at one's desk or placing them in a locker or vehicle or hiding place on school property.

NOTE: In accordance with state law and board policy, students found in possession of a firearm or knife under the conditions listed above, may be expelled for a period of one calendar year from the date of the offense at the discretion of the superintendent.

26a

The above policy applies to any type of classroom, kitchen, or lab setting within the building that uses or possesses this type of instrument described in the above statement. The removal of or the taking of the above described instruments from these school settings will result in a violation of the above policy.

AGREEMENT

"I understand and will abide by the above. I also understand that if I am found to be in violation of the above that I may be subject to disciplinary action deemed appropriate by my building administrators, the district Superintendent of Schools and/or the Board of Education."

_____ _____

(printed name of student) (signature of student)*

_____ _____

(printed name of parent) (signature of parent)*

* Signature indicates that both parties have read and agreed to the Rules of Acceptable Use.

Jackson-Milton
MIDDLE SCHOOL/HIGH SCHOOL
Phone (330) 538-3308
Fax (330) 538-0821
13910 Mahoning Ave., North Jackson, OH 44451

REQUEST THAT DIRECTORY INFORMATION NOT BE RELEASED TO RECRUITERS WITHOUT PRIOR WRITTEN CONSENT

(Please return by September 30th.)

STUDENT:_____

ADDRESS:_____

AGE:_____BIRTHDAY:_____GRADE:____

I hereby request that the above-named student's name, address, and telephone listing **NOT** be released without my prior written consent to:

_____Recruiters from the United States Armed Forces who request such information

_____Recruiters from institutions of higher education who request such information

I understand by not checking one of the options listed above, that the Jackson-Milton Local School District may release, without my prior written consent, the above-named student's name, address, and telephone listing in accordance with Federal and State law.

IDate_____

_____
(Signature of parent/guardian)

This form needs to be completed and returned by September 30.

Jackson-Milton
MIDDLE SCHOOL/HIGH SCHOOL
Phone (330) 538-3308
Fax (330) 538-0821
13910 Mahoning Ave., North Jackson, OH 44451

Consent Form 2024-2025

Dear Parent/ Guardian,

Please read and check your authorization for each of the items below. Your signature at the bottom indicates that you have read and approved all the items checked yes.

SOCIAL MEDIA/PRESS/PHOTOGRAPH RELEASE AUTHORIZATION _____YES _____NO

I give permission to Jackson-Milton School Employees to (on occasion) take pictures/video of my child to be used in newspapers, display, magazines, bulletin boards or any type of publication for community presentations, class projects, webpage designs, public relations, news media, social media and the school yearbook. If required by a news story or publication, the student's name may appear. The school is also looking to use photos in postcards, possibly billboards and perhaps tri-fold advertisements. It is understood that this release does not permit school officials to use any other personally identifiable data in stories publications or media presentations. All of the above will ONLY be used in various educational activities/events including the school yearbook.

YEARBOOK ONLY
(if the above is marked NO, can they still be in the yearbook ?) _____YES _____NO

_____ _____
Print Student full name Grade

_____ _____
Parent/ Guardian Signature Date

<u>If this form is not returned it is automatic consent.</u>

PHONE NUMBER/EMAIL CONTACT FORM

Please indicate below the name of your Jackson-Milton student and which phone number and email account you would like us to enter into our system so that you will receive all of the informational phone calls made each week for events concerning the Jackson-Milton School System. This phone number will also be used to call you if your student is not in school and we haven't received a call from a parent/guardian calling them off that day. The email account will also be used if important information needs to be distributed throughout the year.
If your phone numbers or email account should change during the school year, please be sure to inform the school office as soon as possible.
STUDENT'S NAME:_____
PARENT/GUARDIAN PRIMARY PHONE NUMBER TO BE CALLED:_____
EMAIL ACCOUNT
_____

Thank you for your assistance in keeping our system as up to date as possible so that you will not miss any important school broadcasts. Please return this completed form to the office as soon as possible.

Parent/Guardian Signature_____

Student Technology Acceptable Use Policy 2024-2025
Jackson-Milton Local Schools

Rules of Acceptable Use:
Parents, please explain the following rules to younger students (though some rules will not apply to them).

1) **Services** (computer use, Internet access, email accounts, student web pages) provided by Jackson-Milton Schools are to be used for **school work only.**
2) Your school computer accounts are your responsibility (i.e. **you are responsible for actions taken that are logged to these accounts**). If you believe any of your accounts are being used by someone other than yourself, inform your principal or the Technology Coordinator immediately. Any activity deemed to be in violation of the Student Handbook may result in disciplinary action (see below).
3) You are the *only person* that is to **know your account(s) password(s).** Keep it that way. Passwords are not to be changed unless expressly permitted by district administration.
4) You *may not access* any networked computer without permission (i.e. **"hacking"/"cracking"**).
5) Your accounts and saved files will be **deleted** if you are no longer enrolled at Jackson-Milton Schools.
6) Your teachers reserve the right to assign **special privileges** that are subject to the approval of the building principal and Technology Coordinator.
7) Your computer use, network access, Internet access, web page and email account are the **property of JM local schools.**Such as the devices held by the district. These devices must be cared for. Subsequently, the devices must be used away from food or drink.
8) These devices and your email account(s) are monitored by software designed to keep students safe. This includes sites visited, searches, and keystrokes.
9) The use of email accounts, school assigned web pages or district owned computers to **threaten or menace** others is strictly prohibited as is the use of these facilities to **commit a crime** or to **violate any other school policy.**
10) **Specifically Forbidden Computer Practices** include bypassing or attempting to bypass school security programs and/or internet content filtering and the **installing of ANY executable file** (video games, proxy programs, BAT/COM files for example) or malicious file (viruses, spyware, vandalism).
11) **Theft and/or Vandalism** will be prosecuted to the fullest extent of the law (in addition to regular school discipline).
12) **Engaging in activities that cause disruption of regular school functions** (i.e., using forums, personal email accounts and/or social networking sites such as 'Twitter' 'Tik-Tok' 'Snapchat' or 'Facebook' to cause disruption of classes) is strictly prohibited **even if the actions were taken off of school property and on a computer not owned by the district.**
13) **You are responsible for your own data.** Though there are many layers of data preservation employed by the district to secure your data, you are ultimately responsible for your own backups (the saving of important files to a **USB drive** owned by the student is recommended).
14) **Jackson-Milton is a "BYOD Friendly" school district.** You MUST complete and return a **"District BYOD Permission Form"** in order to enjoy this privilege (on your own laptop/tablet/reader). **Cellular phones and MP3 players may NEVER be used in the classroom.**

End User Acknowledgement:

"I have read or been read the above 'Rules of Acceptable Use' and will obey them. I also understand that if I am found to be in violation of the above RoAU that I may be subject to disciplinary action deemed appropriate by my building administrators, the district Superintendent of Schools and/or the Board of Education."

_____	_____/_____
printed name of student (if able)	signature of student (if able)* date
_____	_____
Grade	Home Room Teacher
_____	_____/_____
printed name of parent/guardian	signature of parent/guardian* date

*Signatures of student and parent/guardian indicate that they have read (or been read) and agree to obey this policy.

In order to better help our school district plan for the future, please answer the following question:
What type of Internet connection does your household have?
Cable or faster ☐ DSL ☐ Satellite ☐ Dial up ☐ Cellular Data Plan ☐ None☐

Dear Parents and Students.

This booklet of school information is being given to you with the best wishes for a successful school year. I feel it will provide a quick and handy reference to questions you may have concerning the operation of the school.

Please feel free to contact me at any time concerning questions you may have. I will be happy to discuss your concerns. When parents and staff work together, the child receives the maximum benefits of a school education.

I am looking forward to an exciting year – one which we are sure will truly benefit each child.

Below you will find a Student Handbook Certification. Please fill in the necessary information and have your student return it to their 1st period teacher. **All students are required to return this certification.** This will assure me that you have had time to review our handbook and the necessary information.
NOTE: Cut off the Student Handbook Certification and return. **Copies of the handbook are available on our website or through the office by request.**

Thank you for taking the time to read the booklet.

----------Cut here----------

Student Handbook Certification

I, _____
(Parents name)
have read the Student handbook. I understand the rights and responsibilities pertaining to the school and agree to support and abide by the rules, guidelines, procedures, and policies of the building and school district.

I, _____
(Students name)
have read the Student handbook. I understand the rights and responsibilities pertaining to the school and agree to support and abide by the rules, guidelines, procedures, and policies of the building and school district.

_____ Date _____
Parent Signature

_____ Date _____
Student Signature

Jackson-Milton

Internet and Device Survey 2024-2025

Student Name: _____ Grade_____

Please answer yes or no to the following questions.

1. Does the student have internet connectivity from home so they can access school information and assignments? ____Yes ____No

   If yes how is the student connected? (Please check one)

   Student has internet thru cable, DSL, or other non –cell device: _____

   Student has internet thru hot spot or cell phone: _____

2. Does the student have adequate access to a device at home so the student can complete schoolwork electronically? _____Yes ____No

   If yes, what type of device do they have access to? (Please check one)

   Student has access to a desktop, laptop, or tablet: _____

   Student has access to a smartphone to complete schoolwork: _____

   If you checked no, does the student need a school issued device to complete schoolwork? ___Yes ___No

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

Application For Blanket Student Accident Insurance

Name of Policyholder: _____

Address: _____
Street City State Zip County

Junior/Middle High Schools consist of grades _____ Senior High Schools consist of grades _____

Total District enrollment: _____ Please attach a list of all schools in the District.

Policy Number: 344-00P-_____

☐ **STUDENT ACCIDENT COVERAGE**

Coverage shall become effective on the date that premium is received by the Company or its representative, but in no event prior to the first day of school, which is_____. The termination date shall be _____, which is the opening day of the following fall term of the Policyholder. Termination of each individual's insurance will be as outlined in the Master Policy.

For interscholastic sports which begin prior to the first day of school, coverage begins on the first day of the earliest practice, which is _____. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

☐ **FOOTBALL ONLY ACCIDENT COVERAGE** ☐ **IN EFFECT** ☐ **NOT IN EFFECT**

Interscholastic Football Only Accident Coverage becomes effective at 12:01 a.m. on _____and expires at 11:59 p.m. on December 31st of the same year. Spring Practice begins on _____. Each individual's football coverage shall become effective on the date the premium is paid, provided the Company receives the name and premium in an envelope postmarked not later than three days after coverage is to be effective. In the event that the name and premium are received at a later date, coverage shall be effective on the day after the date of postmark.

It is understood and agreed that Interscholastic Football Only Accident Coverage will be null and void unless Student Accident Coverage is offered by the school authorities to all students in all schools of the Policyholder.

The Student Accident Insurance Policy will cover those students who pay the required premium as shown below:

COVERAGE	GRADES	PREMIUMS Low	PREMIUMS High	COVERAGE	GRADES	PREMIUMS Low	PREMIUMS High
24-Hour	K-6	$79	$158	Football Only Per Player	10-12 (Inlcluding grade 9 if playing or practicing with grades 10-12)	$129	$258
	7-12	$91	$182				
School-Time	K-6	$23	$46				
	7-12	$37	$74				

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

Authorized Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Ship supplies to address below:

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Attention: _____ Requested Date of Shipment: _____

Please provide an email address to receive supplies electronically: _____

GA-15-KV-OH

RETURN FORM TO SCHOOL NURSE WITHOUT DELAY

JACKSON-MILTON LOCAL SCHOOLS

EMERGENCY CARE INFORMATION FOR THE SCHOOL CLINIC

STUDENT NAME _____ Today's Date _____

Address _____ City _____ Zip _____

Phone _____ Teacher _____ Grade _____ Date of Birth _____

Residential Parent/Guardian

Name/Relationship _____ Daytime Phone _____ Alt Phone _____

Name/Relationship _____ Daytime Phone _____ Alt Phone _____

Other Emergency Contacts

1. _____ Daytime Phone _____ Alt Phone _____
2. _____ Daytime Phone _____ Alt Phone _____
3. _____ Daytime Phone _____ Alt Phone _____

Please identify any health concerns that school personnel should be aware of:

Will student take medication at school? No____ Yes____ *If Yes, Permission to Dispense Form must be completed*

Will student need medication available while on bus? No____ Yes____ Medication Name _____

Allergies No____ Yes____ Specify _____

Epi-Pen No____ Yes____ *If yes, Epi-Pen Authorization Form must be completed.*

Asthma No____ Yes____ *If yes, explain severity* _____

Inhaler No____ Yes____ *If yes, Inhaler Authorization Form must be completed.*

Seizures No____ Yes____ Emergency seizure medications? _____

Name of medications

Diabetes No____ Yes____ Emergency diabetic medications? _____

Name of medications

Does student take any medication regularly? No____ Yes____ Specify _____

Name of medications and treatment plan

Previous Surgeries (be specific) _____

Previous concussion/head injury & year _____

Hearing or Vision problems (be specific) _____

Behavior/emotional problems _____

Are there any other medical conditions that school personnel should be aware of? _____

_____

_____

Jackson-Milton
LOCAL SCHOOLS
Phone (330) 538-3232
Fax (330) 538-6297
13910 Mahoning Ave., North Jackson, OH 44451

Dear Parent/Guardian:

Children need healthy meals to learn. The Jackson-Milton Local School District offers healthy meals each school day. Breakfast costs $160 for grades Pre-K through 12th and lunch costs for grades Pre-K – 5th $2.80 and grades 6th – 12th $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.

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 family or household then the children may qualify as homeless, migrant or runaway. If you have not been told your children will receivefree meals, please call or email Mrs. Kim Fisk at kim.fisk@jmlocal.com or (330) 538-3232 ext 1204 **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 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 the Building Principal, Elementary School (330) 538-2257 ext 1400 – 14110 Mahoning Ave, North Jackson, OH 44451 or High School/Middle School (330) 538-3308 ext 1200 – 13910 Mahoning Avenue, OH 44451.**

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 Building Principal, Elementary School at (330) 538-2257 ext 1400 or JMHS/JMMS at (330) 538-3308 ext 1200 immediately.

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: **Kirk Baker, Superintendent, 13910 Mahoning Ave., North Jackson, OH 44451 or (330) 538-3232 ext 1100.**

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 qualifyfor 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 areasked for you to report on the application or may not receive income at all. Whenthis 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. Ifyou 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 **Building Secretaries at JMES at (330) 538-2257 ext 1400 or JMHS/MS at (330) 538-3308 ext 1200** to receive a second application.

15. **WHY AM I BEING ASKED TOGIVE MY CONSENT FOR AN INSTRUCTIONAL FEE WAIVER?** OHIO PUBLIC SCHOOLS ARE REQUIRED TO WAIVE THE SCHOOL INSTRUCTIONAL FEES FOR CHILDREN THAT QUALITY FOR FREE MEAL BENEFITS. SCHOOL FOOD SERVICE PERSONNEL MUST HAVE PARENT CONSENT TO SHARE THE STUDENT MEAL APPLICATION IF YOUR CHILD(REN) QUALITY 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 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 **JMES at (330) 538-2257 ext 1400 or JMHS/JMMS at (330) 538-3308 ext 1200.**
Si necesita ayuda, por favor llame al teléfono: **JMES at (330) 538-2257 ext 1400 or JMHS/JMMS at (330) 3308 ext 1200.**
Si vous voudriez d'aide, contactez nous au numero: **JMES at (330) 538-257 ext 1400 or JMHS/JMMS at (330) 3308 ext 1200.**

Sincerely,

Kirk W Baker

Kirk W. Baker
Superintendent
Jackson-Milton Local Schools

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 Kim Fisk at kim.fisk@jmlocal.com or (330) 538-3232 ext 1204. 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 <u>all</u> 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 indicatesthe 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 <u>some</u> 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 kim.fisk at kim.fisk@jmlocal.com or (330) 538-3232 ext 1204. 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 Mrs. Kim Fisk at kim.fisk@jmlocal.com or (330) 538-3232 ext 1204. 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.

2024-2025FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names ofall household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school. School	Grade	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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 Kim Fisk at kim.fisk@jmlocal.com or (330) 538-3232 ext 1204.

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 (List all household members with income)	**2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED**															
	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"
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$50.00/quarterly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$_____/_____
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$_____/_____
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$_____/_____
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$_____/_____
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$_____/_____

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 thatdeliberate misrepresentation of the information may causemy children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X______________________________Printname:______________________________Date: ____________

Address:____ Phone Number:____________________

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

'art 7. Children's ethnic and racial identities: We are required to ask for information about your children's race and ethnicity. This information is nportant and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's ·ligibility for free or reduced-price meals.

:hoose one ethnicity:	Choose one or more (regardless of ethnicity):
] Hispanic/Latino]Not Hispanic/Latino	☐ 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 ___

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

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

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 arenot 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.

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,

audiotape, 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

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