

Child Nutrition Services

Liz Helmbright, Child Nutrition and Wellness Director

Simplified Chinese	您必須每年重新申請。可在地區網站的兒童營養選項卡(child nutrition)下找到翻譯後的表單，也可詢問學生的 ESOL 老師或學校秘書。
Japanese	毎年、申し込みを行う必要があります。翻訳済みの申し込み書が必要な場合は、校区ウェブサイトの小児栄養 (child nutrition) タブをご覧ください。お子様の担当の英語を母国語としない人のための英語課程の教員または学校秘書までご連絡ください。
Korean	매년 다시 응시해야 합니다. 번역된 양식은 관할 구역 웹사이트의 아동 영양(child nutrition) 탭에서 찾을 수 있으며 학생의 ESOL 교사나 학교 관계자에게 요청하여 받을 수도 있습니다.
Russian	Вы должны заново подавать заявление каждый год. Переведенные формы можно посмотреть на сайте округа во вкладке Детское питание (child nutrition) или спросить у вашего учителя ESOL (учитель английского как иностранного) или школьного секретаря.
Spanish	Debe presentar una nueva solicitud cada año. Los formularios traducidos están disponibles en el sitio web del distrito bajo nutrición infantil (child nutrition) o a través del maestro de ESOL (inglés para hablantes de otros idiomas) o la secretaria de la escuela.
Uzbek	Har yili qayta ariza taqdim etishingiz kerak. Formalar tarjimasini olish uchun maktab okrugimiz veb-saytidagi bolalarni oziqlantirish rukniga (child nutrition) kiring yoki bolaning ESOL o'qituvchisi yoki maktab kotibiga murojaat qiling.

Dear Parent/Guardian:

Children need healthy meals to learn. Sycamore offers healthy meals every school day. Breakfast costs \$1.80 in grades K-6 and \$1.80, \$2.00, or \$2.50 in grades 7-12. Lunch costs \$3.00 at Elementary Schools, \$3.00 or \$3.25 at Edwin H. Greene, and Sycamore Junior High & High School costs \$3.25, \$3.75, \$4.25, or \$5.05. Reduced-Price meals will be offered at no cost for the 2025-2026 school year. **Your children may qualify for free or reduced-price meals.** 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 through the Supplemental Nutrition Assistance Program (SNAP), or Ohio Works First (OWF) are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children also may qualify for free or reduced price meals if your household income falls at or below the limits on this chart. Please apply for the determination to be made by the Child Nutrition Service staff.

Federal Eligibility Income Chart (For School Year 2025-26)			
Household Size:	Yearly Gross Income:	Monthly Gross Income:	Weekly Gross Income:
1	\$28,953	\$2,413	\$557
2	\$39,128	\$3,261	\$753
3	\$49,303	\$4,109	\$949
4	\$59,478	\$4,957	\$1,144
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,536
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
Each Additional Person add:	\$10,175	\$848	\$196

2. How do I know if my children qualify as Homeless, Migrant, or Runaway? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told that your children will receive free meals, please call 513-686-1700 to speak with Mark Zimmerly regarding your living situation.

3. Do I need to fill out an application for each child? No. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all the required information. Please return the completed form to Sycamore CNS or your child's school.

4. **Can I apply Online?** Yes! We encourage you to complete an online application to receive immediate eligibility results.
- **How to apply online: Visit - <https://www.payschoolscentral.com/>**
 - o Create a username and password if you're new to the site, or log in using your existing credentials.
 - o Once logged in, you can complete the Free & Reduced Meal Application.
 - **Prefer a Paper Application?** You can download a printable form from the district website: www.sycamoreschools.org – Go to the “Departments” Tab, click on Child Nutrition. Once completed, return the form to your child’s school or drop it off at the District Office located at 5959 Hagewa Dr., Cincinnati, Ohio 45242.
5. **Should I complete an application if I received a letter this school year saying my children are already approved 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, please contact Child Nutrition Services at 513-686-1796 immediately. You may also need to submit information regarding fee waivers.
6. **My child’s application was approved last year. Do I need to fill out a new form?** 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 WIC (Women, Infants, Children) benefits. Can my child(ren) get free meals?** Please fill out an application to see if you are eligible.
8. **Will the information I give be checked?** Yes, we may ask you to send written proof. Failure to respond may result in loss of meal benefits.
9. **If I don’t 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 first call Sycamore Child Nutrition 513-686-1796 to ensure the information provided was correct. You may also ask for a hearing by contacting Jenni Logan, district Treasurer, at 686-1700 or in writing to: Jenni Logan, District Treasurer, 5959 Hagewa Drive, Cincinnati, Ohio 45242.
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify.
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 got \$900, put down that you make \$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 we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in that field. However, if any income fields are left empty or blank, those will also be counted as zeros. Please be careful when leaving income fields blank, as we will assume you meant to do so. You should also mark the box to the right of their name as “no income” if there is none.
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 must also be reported 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 is also excluded from income.
15. **What if there is not enough space on the application for my family?** Apply online or list any additional household members on a separate piece of paper, and attach it to your application. You may also use an additional application and attach it to the original.
16. **Why does the application ask for my consent for a fee waiver?** Ohio public schools are required to waive the school instructional fees for children who qualify for the Free and Reduced Price School Meals. Those who qualify for fee waivers, also qualify for other Sycamore programs, such as academic fees, extracurricular activities, summer school, full-day kindergarten, etc. In order to receive those fee waivers, you must agree to allow the status of your application to be shared with those responsible for waiving those fees. If you do not agree, you will be responsible for paying those fees. Agreeing or not agreeing will not affect whether your child(ren) will qualify for free or reduced price meals.
17. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010. If you have other questions or need additional help, call CNS at 513-686-1796.
18. **I do not have access to a computer to apply online or I do not have a printer to print a copy of the application. How do I obtain a free and reduced price family meal application?** Please stop into the district office or your child’s school. The office staff will be able to get you a printed copy. You can also email the CNS office at zinneckerc@sycamoreschools.org and the CNS Associate can mail you a hard copy. Please note this delays the application process as we cannot process the form until we receive a completed copy.

If you have any other questions or need help completing the application by hand or electronically, please contact Sycamore Child Nutrition Services at 513-686-1796, Monday – Friday between 7:30am – 3:30pm. **Liz Helmbright - Child Nutrition and Wellness Director**

INSTRUCTIONS FOR APPLYING

Please review the categories and follow the instructions that best match your family situation. For this application, a "household member" includes any child, Sycamore Student, or adult living with you. If you have questions at any time, please contact the CNS office at 513-686-1796. A new application must be submitted either in person or online- each school year, after July 1. Failure to do so will result in your student paying full price for meals. Meal benefits begin after an application has been received and is approved. Any charges incurred before benefits begin are the responsibility of the parent/guardian.

If you are new to the meal program or Sycamore Community Schools, please indicate by checking the box in upper right corner

ELECTRONIC MEAL APPLICATION:

Sycamore Community Schools offers a convenient online option for submitting Free and Reduced Price Meal Applications. Please visit <https://www.payschoolscentral.com/> to apply online and receive an immediate response regarding your student's meal status eligibility.

Households that receive benefits from the SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), or OHIO WORKS FIRST (OWF) please follow the instructions below:

Part 1: List all members of the household and include each child's name, school, and grade beside each name.

Part 2: List the 7-digit case number for any household member receiving SNAP or OWF benefits.

Part 3: Check the appropriate box, if any.

Part 4: Skip this part.

Part 5: Check yes or no if you want your meal application status to be used for other school fee waivers. Then, sign and date this section.

Part 6: 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.

Part 7: Sign the form. The last four digits of a Social Security Number are NOT necessary.

Return the completed form to your child's school or Child Nutrition Services (CNS) office located at 5959 Hagewa Drive.

If you received a letter from Child Nutrition Services about direct certification this year, it is not necessary to submit this application

If **NO ONE** in your household receives SNAP or OWF benefits, but you have a child in your household that is **HOMELESS, A MIGRANT, OR RUNAWAY** please follow the instructions below:

Part 1: List all household members and the school name and school grade level for each child. A household member is any child or adult living with you.

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 Mark Zimmerly, Homeless/Runaway Liaison, at 513-686-1700. If not, skip this part.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.

Part 5: Check yes or no if you want your meal application status to be used for other school fee waivers. Then, sign and date this section.

Part 6: 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.

Part 7: Sign the form. The last four digits of a Social Security Number are NOT necessary.

Return the completed form to your child's school or Child Nutrition Services (CNS) office located at 5959 Hagewa Drive.

If **ALL** children in the household are **FOSTER CHILDREN**, please follow the instructions below:

Part 1: List all household members and the school name and school grade level for each child. Check the box if the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Check yes or no if you want your meal application status to be used for other school fee waivers. Then, sign and date this section.

Part 6: 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.

Part 7: Sign the form. The last four digits of a Social Security Number are NOT necessary.

Return the completed form to your child's school or Child Nutrition Services (CNS) office located at 5959 Hagewa Drive.

If **SOME** children in the household are **FOSTER CHILDREN**, please follow the instructions below:

Part 1: List all members of the household and include each child's name, school, and grade. For any person with no income, you must check the "No Income" box. This includes income for children. Check the box that indicates 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: Complete only if a child in your household isn't eligible under Part 1.

Part 4: Follow instructions for Part 4 under the ALL OTHER HOUSEHOLDS section, below.

Part 5: Check yes or no if you want your meal application status to be used for other school fee waivers. Then, sign and date this section.

Part 6: 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.

Part 7: Sign the form. The last four digits of a Social Security Number are NOT necessary.

Return the completed form to your child's school or Child Nutrition Services (CNS) office located at 5959 Hagewa Drive.

ALL OTHER HOUSEHOLDS: If none of the previous descriptions apply to your household, please follow the instructions below:

Part 1: List all members of the household and include each child's name, school, and grade. For any person with no income, you must check the "No Income" box. This includes income for children.

Part 2: Skip this part.

Part 3: Skip these part.

Part 4: Follow these instructions to report total household income from this month or last month:

- **Section 1- Name:** List all household members with income
- **Section 2- Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.

Earnings from welfare, child support, and/or alimony: List the amount each person received.

Earnings from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits: List the amount each person received.

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 benefits from SNAP, OWF, WIC, federal education and foster payments received by the family from the placing agency. If you are self-employed, under "Work Earnings," report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Check yes or no if you want your meal application status to be used for other school fee waivers. Then, sign and date this section.

Part 6: 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.

Part 7: Sign the form. The last four digits of a Social Security Number are NOT necessary.

2025-2026 FEDERAL INCOME GUIDELINES

Household Size	Annual Salary	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	\$39,128	\$3,261	\$753
3	\$49,303	\$4,109	\$949
4	\$59,478	\$4,957	\$1,144
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,536
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
Each additional person:	\$10,175	\$848	\$196

Your children may qualify for free or reduced-priced 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 SNAP or 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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and compliant filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

Rev. 6/5/25

This institution is an equal opportunity provider, employer, and lender.



2025-26 Free and Reduced Price School Meals Family Application

*Each household needs only one application and return it to the child's school or
Child Nutrition Services, 5959 Hagewa Drive, Cincinnati, Ohio 45242.*

Check this box if you are new to the district and/or are not currently receiving Free and Reduced Price School Meals.

PART 1. LIST ALL HOUSEHOLD MEMBERS				
Names of ALL household members <i>Not just Sycamore students, all household members (PRINT Clearly: First, Middle Initial, Last)</i>	Child's School <i>For Sycamore students only</i>	Child's Grade	Check box if foster child legal responsibility of welfare agency or court. <i>If all are foster, skip to part 5</i>	NO Income Must Check box
			<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 the household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the 7 digit case number and skip to part 5. NAME: _____ CASE NUMBER: _____

PART 3. SPECIAL LIVING CIRCUMSTANCES

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call U _____, Homeless/Runaway O _____ at 513-686-1700.

Migrant Runaway Homeless

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS)
(List all income only once and on the same line as the person who receives it. Check the box for payment frequency.)

List Per Person <i>List only those family members with income</i>	Work Earnings Gross Earnings (before deductions)	Frequency of Paycheck				Earnings from Assistance programs <i>Such as: Welfare, child support, alimony</i>	Frequency of Payment				Earnings from benefits <i>Such as: Pensions, retirement, SS, SSI, VA benefits</i>	Frequency of Payment				Any Other Earnings <i>*Not a Total</i>	Frequency of Payment			
		Weekly	Every 2 weeks	Twice a month	Monthly		weekly	every 2 weeks	twice a month	monthly		Weekly	Every 2 weeks	Twice a month	Monthly		Weekly	Every 2 weeks	Twice a month	Monthly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<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. FEE WAIVER - ADULT CONSENT (ADULT MUST SIGN)

In order to receive possible fee waivers, parents must agree to allow the status of this application to be shared with those responsible for waiving fees. Parents who do not agree will be responsible for paying fees. Agreeing or not agreeing will not affect qualification for free or reduced price meals.

Yes, I agree to have my application status used to determine if my child(ren) qualify for the fee waivers checked below.

Academic Fees Summer School Full-Day Kindergarten Tuition Extracurricular Fees Building Assistance Programs

No, I do not agree to have my application status used to determine if my child(ren) qualify for the fee waivers checked below.

Academic Fees Summer School Full-Day Kindergarten Tuition Extracurricular Fees Building Assistance Programs

SIGNATURE: _____ **DATE:** _____

*Building assistance programs are generally run by PTO such as Holiday Baskets; Blessings in a Backpack; Prom Tickets. Confidentiality is enforced and only the appropriate school official has the names and addresses of the assistance recipients. Questions about fee waivers, please contact district treasurer's office 513.686.1700.

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (Optional)

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

PART 7. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

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.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that 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.

Signature: _____ Printed Name: _____ Date: _____

Address: _____ Email: _____ Phone: _____

Last Four Digits of Social Security Number: _____ I do not have a Social Security Number

OFFICE USE ONLY- REV 6/16/23. Total Income: \$ _____ Per: Week (x52), Every 2 Weeks (x26) Twice A Month (x24) Month (x12) Year

Household size: _____ Categorical Eligibility: _____ Free _____ Reduced _____ Denied _____ Reason: _____ Date Withdrawn: _____

DASL: _____ Determining Official's Initials: _____ Date: _____ Confirming Official's Initials: _____ Date: _____

Verifying Official's Signature: _____ Date: _____ **Verification Dates:** Notification: _____ 2nd Notice Sent: _____ Response: _____

Verification Result: No Change _____

Free to Reduced-Price _____ Free to Paid _____ Reduced-Price to Free _____ Reduced-Price to Paid _____ Results Sent: _____