FAIRLESS LOCAL SCHOOLS

2026-2027

Dear Fairless Parents & Guardians;

The attached Free and Reduced application packet needs filled out to determine if your children qualify for meals. If you qualify for Free & **REDUCED** meals this year, prices are **FREE** for breakfast and **FREE** for lunch, but you must fill out a Free and Reduced form. The application is online at **fairlesslocalschools.org** then click on the icon that says ***payschoolscentral*** on the right of the web page. Or you may fill out a paper application. More instructions below.

K-12 breakfast will cost $2.25, lunch K-5 will be $3.50, 6 –12 lunch will be $3.75 Milk will be .65 cents for the 2026-2027 school year. Reduced meals will be free again this year.

Fairless Local uses the Free and Reduced data to qualify for Title funding and various grant applications for future school years. Title funding is very important to provide intervention services to our students, plus, when the kids eat their free or reduced meals it helps the cafeteria continue feeding our kids the nutritious meals they have grown accustomed to.

I encourage you to apply for Free and Reduced meal benefits. Please take the time to complete the application or go online to **Fairlesslocalschools.org** and fill out the application online and get results immediately, or return the attached completed application to your child's school. I encourage you to have a Payschools account for adding money to students' accounts and the ability to see their balances and get alerts. When you put money on the account it ensures that they will have the money they need to purchase their meals. charging.**We highly discourage charging.** Fairless Cafeteria is a self funded business, which means we have to pay our own wages, benefits, food & supplies from sales of meals and alacarte. Fairless Local does not fund our cafeteria. No general fund monies are used.

You will find your child's ID number on Final Forms or you may call the school. You will need the ID number to add an account to Payschoolscentral.com .

Sincerely Lisa Hookway
Fairless Food Service Director
330-767-7733

School meals keep the mind fueled.

USDA IS AN EQUAL OPPORTUNITY PROVIDER. EMPLOYER. AND LENDER

Soaring to Excellence Every Day!

Administrative Offices
800 7th St., SE
Brewster, OH 44613
(330) 767-3577
Fax (330) 767-3298

Fairless High School
800 7th St., SE
Brewster, OH 44613
(330) 767-3444
Fax (330) 767-3447

Fairless Middle School
11836 Navarre Road S.W.
Navarre, OH 44662
(330) 767-4293
Fax (330) 767-3807

Fairless Elementary School
12000 Navarre Road S.W.
Navarre, OH 44662
(330) 767-3913
Fax (330) 767-4398

www.fairlesslocalschools.org

FAIRLESS LOCAL SCHOOLS MEAL CHARGE POLICY

The School Nutrition Department is like a private business. As a result, they do not receive any general fund support from Fairless. They must earn money through breakfast, lunch & ala-carte sales in order to pay expenses. Unpaid charges reduce revenue that affects our ability to pay our food bills, staff salaries & make improvements in the kitchens. **Take-out orders from restaurants are not permitted according to Fairless Local School District's Bylaws & Policies 8510-Wellness**

POINT OF SALE SYSTEM

Fairless uses a POS (point of sale) system. Any child who desires to purchase lunch or ala carte, will be required to enter their pin number on a pin pad. Kindergarten and First grade students will receive their pin numbers, as well as a copy of the pin pad, so parents may work with their child on learning their number and familiarizing them with the layout of the pin pad. Each student at Fairless has a cafeteria account that you as a parent/guardian can deposit funds into their account (cash or check only), or you may use our on-line payment system **payschoolscentral for a small fee**. We ask that you to use checks or **payschoolscentral** to add money to your child's account. Any funds remaining on your child's account at the end of the school year, will be applied to their account the next school year.

PAY FOR IT PAYMENT OPTION

payschoolscentral is an online payment system which is set up to work with our POS system. When you use payschoolscentral the system will use your credit or debit cards and add a small fee, or you may enter checks or money free when you send them with your child to put onto their lunch account. You will need your child or children's ID numbers to set up their accounts, you may get those by going to your child's final forms. Payschoolscentral is a useful tool which allows you to fill out a free or reduced meal application and see immediately if you qualify. It also allows you to see items your child has purchased, as well as the ability to add funds to their accounts. Access our district website www.fairlesslocalschools.org, click on District, food service, then click the box that says Payschoolscentral

You may request a balance refund if your child is graduating or leaving the district by making a request in writing to the Food Service Director, or you may transfer the balance to a sibling or someone in need if you choose. All unclaimed funds of graduating Seniors will become part of the Fairless Local Schools Food Service Program Clergy fund to help those students receive a meal if they need help. If not claimed on or before the Senior's last day.

CHARGING

Fairless Local Schools Food and Nutrition Department's goal is to first provide a healthy and nutritious meal to our students so they are better able to learn at school. When lunch money is forgotten we have established the following procedures;

- Treat all students with dignity and respect;
- Encourage parents to be responsible for paying for meals and to promote self-responsibility of the students;
- Establish consistent department procedure regarding charges.

If you do not want your child charging, you may make a request in writing, to Lisa Hookway

Food Service Director at 330-767-7733 to add a **NO CHARGING PERMITTED NOTIFICATION on your child' account.**

Elementary & Middle School we strongly discourage meal charging. When your child reaches a negative balance of ($10.00) you will receive phone calls, letters home, and notices through parentsquare weekly.

There will be no Ala-Carte charging, and no Ala-Carte purchases will be permitted when a student has a negative balance.

If you are unable to pay for school meals due to your economic situation, please contact Lisa Hookway Food Service Director, at 330-767-7733 to discuss other arrangements for your child to receive meals at a reduced rate or free.

All charges must be paid prior to Christmas break and two weeks prior to the end of the school year. There is no charging permitted two weeks prior to the end of the school year.

NATIONAL SCHOOL LUNCH & NATIONAL SCHOOL BREAKFAST PROGRAM

Fairless local Schools participates in the National School Lunch and Breakfast programs. Some students may qualify for free or reduced priced meals. Access www.fairlesslocalschools.org, for Free and Reduced forms or forms may be picked up from the school office or be sent home with your child, by contacting the school secretary. Only one application is required district wide per family. Free and Reduced applications may be completed at any time during the year, but we must receive a new meal application each school year. There is a 30 day carryover period at the beginning of each school year in order to have enough time to process all of the new applications.

The USDA is an equal opportunity provider, employer, and lender

Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Fairless Local Schools offers healthy meals each school day. Breakfast costs $2.25 and lunch costs $3.50 for K-5, $3.75 for 6-12. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is $0.00 for breakfast and $0.00 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 2026-2027			
Household size	Yearly	Monthly	Weekly
1	$29,526	$2,461	$568
2	40,034	3,337	770
3	50,542	4,212	927
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each additional Person:	10,508	876	203

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 receive free meals, please call or email **Mr. Mike Hearn, Superintendent at mike.hearn@fairless.sparcc.org or 330-767-3577 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 Lisa Hookway, Fairless Middle School 11836 Navarre Rd. Navarre, Ohio 4466, 330-767-7733.**

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 **Lisa Hookway, 330-767-7733** immediately.

5. **Can I apply online?** Yes. You are encouraged to complete an online application instead of a paper application if possible. The online application requirements are the same and will request the same information as the paper application. Visit **Fairless LocalSchools.org** to begin or to learn more about the online application process. Contact **PaySchoolsCentral at 877-393-6628,** with any questions about the online application. **You will need your child's ID# off of their final forms.**

6. **My child's application was approved last year. Do I need to complete another application?** Yes. Your child's application is valid for that school year and for the start of this school year. You are required to submit a new application unless the school told you that your child is eligible for the new school year.

7. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.

8. **Will the information I give be checked?** Yes, we also may ask you to send written proof.

9. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to the following contact person: **Mr. Mike Hearn, 800 7th. St. SE Brewster, Ohio 44613, 330- 767-3577.**

11. **May I apply if someone else in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.

12. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make $1,000 each month, but you missed some work last month and only made $900, submit the report with the routine amount of $1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. **What if some household members have no income to report?** Household members may not receive some types of income that are asked for you to report on the application or may not receive income at all. When this happens, please write a 0 in the corresponding field. However, if any income fields are left empty or blank, those also will be counted as zeroes. Please be careful when leaving income fields blank.

14. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it also must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment also is excluded from income.

15. **What if there is not enough space on the application for my family?** List any additional household members on a separate piece of paper and attach it to your application. Contact **Lisa Hookway, 11836 Navarre Rd. Navarre, Ohio 44662, 330 767-7733** to receive a second application.

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 Lisa Hookway 330-767-7733 .
Si necesita ayuda, por favor llame al teléfono: 330-767-7733.
Si vous voudriez d'aide, contactez nous au numero: **330-767-7733.**
Sincerely,

Lisa M. Hookway

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: Sign the form. The last four digits of a Social Security Number are **not** necessary.
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.

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 **Fairless Local Schools Mr. Mike Hearn, Superintendent at mike.hearn@fairless.sparcc.org or 330-767-3577.** 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: 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 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.

IF YOU ARE APPLYING 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 indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: 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 name of school and 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 **Fairless Local Scholls Superintendent, Mike Hearn at 330-767-3577, or email Mike.hearn@fairless.sparcc.org. 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 your 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: 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 doesn't have one).
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.

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 SNAP or OWF 7-digit case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Fairless Local Schools, Superintendent Mike Hearn at mike.hearn@fairless.sparcc.org or 330-767- 3577.** 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 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: 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 doesn't have one).

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.

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 all programs.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with Back Pack Program.

❑ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application with RG Drage.

If you checked yes to any or all 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 Lisa Hookway at 330-767-7733 or Lisa.hookway@fairless.sparcc.org.

Return this form to: Lisa Hookway, Fairless Middle School 11836 Navarre Rd., Navarre, Ohio 44662

Do not complete this section. Intended for school use only

This form is to Certify that the Children listed above are Categorically Eligible as:

Free Reduced Denied Reason Denied: _____

Determining/Approval Official's Signature _____ Date: _____

IF YOUR STUDENT IS ATTENDING R.G. DRAGE YOU MUST FILL OUT A FREE AND REDUCED APPLICATION FROM R.G.DRAGE NOT FROM FAIRLESS.

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	Prescriptions
Hospital Care	Vision Services
Immunizations	Dental Care
Substance Abuse	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

Healthy Start

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

2026-2027 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of all 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 SNAP or 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 Fairless Local Schools Superintendent Mike Hearn at mike.hearn@fairless.sparcc.org or 330 767- 3577.

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	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Part 5. 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 6. Children's ethnic and racial identities. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:	Choose one or more (regardless of ethnicity):		
☐ Hispanic/Latino	☐ Asian	☐ American Indian or Alaska Native	☐ Black or African American
☐ Not Hispanic/Latino	☐ White	☐ Native Hawaiian or other Pacific Islander	

Do not complete this section. Intended for school use only

Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.

Total Income: _____ Per Week Every 2 Weeks Twice per Month Monthly Yearly

Household Size_____ Categorical Eligibility: Free Reduced Denied Reason Denied: _____

Determining/Approval Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date_____

Verification Selection, Date Notice Sent _____ Response Date _____ 2nd Notice _____ Results Sent _____

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

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You are not required to provide information, but if information is not provided, the state agency cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ohio Works First (OWF) case number or other identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

INCOME ELIGIBILITY GUIDELINES 2026-2027			
Household size	Yearly	Monthly	Weekly
1	$29,526	$2,461	$568
2	40,034	3,337	770
3	50,542	4,212	927
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each additional Person:	10,508	876	203

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 complaint 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:

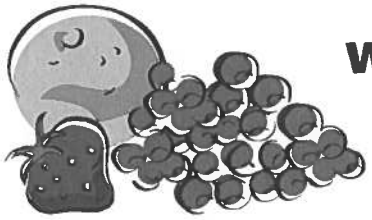
1. **Mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax**: (202) 690-7442; or
3. **Email**: program.intake@usda.gov.

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START



your day the right way with School Breakfast!



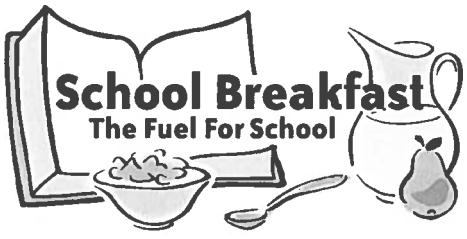
School Breakfast will give you MORE energy, keep your body healthy and help improve your grades!

Breakfast is Served
Fairless HS 7:00- 7:45

Fairless MS 7:15- 7:35

Fairless Elem. 8:45- 9:00

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