

Strongsville City Schools

ADMINISTRATIVE OFFICES – FOOD SERVICES

Dear Parent/Guardian:

Children need healthy meals to learn. Strongsville City Schools offers healthy meals every school day. Breakfast costs \$2.15 for Elementary School Students and \$2.40 for Middle and High School Students; lunch costs \$3.95 for Elementary Students and \$4.30 for Secondary Students. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is \$0.30 for breakfast and \$0.40 for lunch. However, for the 2026-2027 school year, students with reduced status will not have to pay for their meals as the State of Ohio will reimburse schools that financial obligation. 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) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible.
- 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 Federal Income Eligibility Guidelines limits. Your children qualify for free or reduced-price meals if your household income falls at or below the limits on the following chart:

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2026-2027			
Household size	Yearly	Monthly	Weekly
1	\$29,526	\$2,461	\$568
2	\$40,034	\$3,337	\$770
3	\$50,542	\$4,212	\$972
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 OR RUNAWAY? Do the members in 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 children in your household meet one of these descriptions and you haven't been told your children will receive free meals, please call or e-mail Mr. Andy Trujillo, atrujillo@scsmustangs.org, 440-572-7045 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 incomplete application, so be sure to fill out all required information. **Return the completed application to: Strongsville Food Services Department, 18199 Cook Ave., Strongsville, OH 44136.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS THROUGH DIRECT CERTIFICATION? **No**, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification or you have any questions, **contact Strongsville Food Services immediately at 440-572-7058.**
5. CAN I APPLY ONLINE? **Yes!** You are encouraged to complete an online application instead of a paper application if possible. The online application has the same requirements and will request the same information as the paper application. Visit **SCSMustangs.org** and **click on the Food Services Department to locate the online application link.** Contact Strongsville Food Services at 440-572-7058 with questions.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR--DO I NEED TO COMPLETE A NEW ONE? **Yes.** Your application is only valid for that school year and for the start of this school year. You must submit a new application unless you've received a Direct Certification Notification letter.
7. I RECEIVE Women, Infants, and Children (WIC) BENEFITS. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please submit a completed application for determination.
8. WILL THE INFORMATION I GIVE BE REVIEWED OR CHECKED? **Yes.** We may also ask you to send written proof of the household income you report on your application during the school year.
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 or 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: Steve Breckner, Director of Business Services, 18199 Cook Ave., Strongsville, OH 44136.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your children do not have to be U.S. citizens 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 \$1000 each month, but you missed some work last month and only made \$900, submit that you make \$1000 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 you are asked to report on the application or may not receive income at all. When this happens, please write a 0 in the 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 is also 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.
16. WHY AM I BEING ASKED TO GIVE MY CONSENT FOR AN INSTRUCTIONAL FEE WAIVER? Ohio public schools are required to waive the school instructional fees for children who qualify for **free** meal benefits. However, school Food Service personnel **MUST** have parent consent to share student meal application information if your child(ren) qualify for a fee waiver. If you agree to allow your child(ren)'s meal application information to be shared with school officials to see if they qualify for a fee waiver, then select "yes" and sign and date Part 5. If you do not wish for that information to be shared, then select "no" in part 5. Answering no to this question will mean your child will not be considered for a fee waiver. Answering this question either way will not change your child(ren)'s free or reduced-price meal eligibility.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

If you have other questions or need help, call Food Services at 440-572-7058.

Sincerely,
Donna Holland, Director of Dining Services

**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 student's school name and school 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: 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 OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the student's 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 or a runaway, check the appropriate box and call Andy Trujillo at 440-572-7045. 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: 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 didn't need to complete part 4.
Part 7: 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 all children in the household are foster children:

- Part 1:** List all foster children, the student's school name, and grade for each child. Check the box indicating the child is a foster child.
Parts 2, 3, & 4: Skip these parts.
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: Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

If some of the children in the household are foster children:

- Part 1:** List all household members and the student's school name 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 or a runaway, check the appropriate box and call Andy Trujillo at 440-572-7045. If not, skip this part.
Part 4: Follow these instructions to report total household income from the current month or previous 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 indicate how often the person receives the income—weekly, every two weeks, twice monthly, 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 receives 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, under *Earnings from Work*, report income after expenses. 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 doesn't have one).
Part 7: 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 student's 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 or a runaway, check the appropriate box and call Andy Trujillo at 440-572-7045. If not, skip this part.

Part 4: Follow these instructions to report total household income from the current month or previous 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 indicate how often the person receives the income—weekly, every 2 weeks, twice monthly, 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 indicate how often each person receives 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, under *Earnings from Work*, report income after expenses. 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 his or her Social Security Number (or mark the box if he or she doesn't 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 ensure 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.

2026-2027 FREE AND REDUCED-PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

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

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 or a runaway, check the appropriate box and call Andy Trujillo at 440-572-7045.

Homeless ☐ 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 IS 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. We must have your permission 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) qualify for a fee waiver.**

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

Signature of Parent/Guardian for the Instructional Fee Waiver Question: _____ Date: _____

Part 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____ Phone Number: _____

Last Four Digits of Your Social Security #: _____ ☐ I Do Not Have a Social Security # Email _____

Part 7. Children's ethnic and racial identities: This section is **optional** and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

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

DON'T FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A 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.

FEDERAL 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	\$972
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

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.

USDA Nondiscrimination Statement

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
Fax: 833-256-1665 or 202-690-7442; or
Email: program.intake@usda.gov

This institution is an equal opportunity provider.

