

2023-2024 FREE & REDUCED MEAL INFORMATION & SCHOOL FEE WAIVER INFORMATION



At Maplewood Career Center the cafeteria's mission is to serve the best meals our students will have that day. **Breakfast cost: \$2.00. Lunch cost: \$3.25.**

Your children may qualify for free meals or for reduced price meals. **Reduced prices are \$.30 for breakfast and \$.40 for lunch.**

Please review the following carefully. Students who qualify for free meals may also qualify for a fee waiver. A NEW APPLICATION MUST BE APPROVED FOR THE 2023-2024 SCHOOL YEAR TO RECEIVE FREE OR REDUCED MEALS AND/OR THE WAIVER. (Reduced status does NOT qualify for Fee Waiver.) There are two methods for qualifications:

1. DIRECT CERTIFICATION

- If you received a letter stating your student is ELIGIBLE FOR Direct Certification, YOU DO NOT need to fill out an application for free and reduced meals. Your student is automatically eligible for free meals. (Letters are mailed 2nd week of August 2023). To receive student fee waiver, you MUST SIGN AND RETURN the waiver portion of the Direct Certification notification.
- All children living in the household with a student who qualifies under Direct Certification are also eligible for free meals and fee waiver. Please contact Food Service Director at (330) 296-2892 ext. 551503 or email hintonjo@mwood.cc, if there are additions or changes in the household that were not listed in the letter.

2. APPLICATION PROCESS

- Free and reduced applications are part of this summer mailing package.
- A new application must be submitted/approved for the 2023-2024 school year to receive free or reduce meals. This is both for INCOMING JUNIORS and RETURNING SENIORS.
- **INCOMING JUNIORS** – Please bring in your application on the evening of orientation **AUGUST 22, 2023**. Please hand-in to the office.
Note: Juniors coming from CEP schools have 10 operating days to reapply from the start of the school year, August 28, 2023.
- **RETURNING SENIORS** – Please return your application during the first week of school or sooner. Please hand-in to the Food Service Director.
- You may also print the application from the Food Service web page.
- Completed application can also be mailed to:

**Maplewood Career Center
7075 State Route 88
Ravenna, Ohio 44266
Attention: Food Service Director**

We demonstrate daily that we care about students by keeping our offerings fresh and full. Our cafeteria is not just where our students eat great food, but a place for students to bond and belong. **Hopefully, we'll see you at both Breakfast and Lunch meals!**

This institution is an equal opportunity provider.

To: Parents and Students
From: Maplewood Food Service Department
Important – please read carefully



Maplewood Career Center Food Service use a computerized Point of Sale system for the purchase of school meals. Students will use a 4-digit PIN (last 4 numbers in their social security number) to access their accounts to purchase meals. The system is confidential, and all students will be required to enter their PIN regardless of meal status or payment method, thus ensuring student privacy. Once the PIN is entered the student's picture appears on the register screen for the cashier to verify the student. If at any time student forgets their PIN the cashier can obtain it at the register.

You are not required to make advance payments to your student's account because the system can accept cash payments daily. However, for your convenience, you may choose one of the payment options for making advance payments. Money will only be deducted from account when the student uses the account to purchase meals & or ala carte items. The system will know the meal status of the student (full pay, free or reduce) and will only deduct the correct amount from the account.

PAYMENT OPTIONS

➤ Option 1: Cash on Account

Payment is made in form of cash or check (made to Maplewood Career Center). These funds are deposited directly into the student's account and then available for purchases

➤ Option 2: EZ Pay On-line Payment

This is a secure online payment system. The link is on the Maplewood web site under High School/Parent tab. Parents can deposit money onto accounts but Maplewood Cafeteria Cashiers will tell each student their account balance after every transaction. EZ Pay DOES NOT show Maplewood cafeteria student account balances on line in real time. EZ Pay does charge a processing fee. Please allow 24 hours for funds to transfer to student account and plan accordingly so your child's account does not run out of money.

Maplewood web site: <https://www.mwood.cc/hs/parents/parent-resources/>



There is no limit on the amount of money that can be deposited into the account. Balances will carry over to the next school year for juniors. Senior students should monitor their accounts to have a \$0 ending balance at the end of the school year.

If your family has financial hardship or change of income, you may qualify for Free or Reduced Meal Program. A new application must be completed each school year. Applications are available in Student Services Office or print the application from the Maplewood web site. Free & Reduced meals include breakfast and lunch. **(Breakfast is served daily from 7:30 am – 8:08 am.)** Menus are posted in classrooms, dining area and are available at the Maplewood web site:

<https://www.mwood.cc/hs/food-service/>

This institution is an equal opportunity provider.

Please place the following information on school letterhead.

Frequently Asked Questions About Free and Reduced-Price School Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Maplewood Career Center offers healthy meals each school day. Breakfast costs \$2.00 and lunch costs \$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 2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each Additional Person:	9,509	793	183

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 **Joe Hinton** at hintonjo@mwood.cc or 330-269-2892 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 Food Service Director, Maplewood Career Center, 7075 State Route 88, Ravenna, OH, (330) 296-2892 ext. 551503.**
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 **Joe Hinton, Food Service Director, Maplewood Career Center, 7075 State Route 88, Ravenna, OH, (330) 296-2892 ext. 551503.**
5. **Can I apply online?** NO! However, you can print out the application at the Maplewood web site. Visit: <https://www.mwood.cc/hs/food-service/>
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 notified 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: **Business Affairs, Maplewood Career Center, 7075 State Route 88, Ravenna, OH, (330) 296-2892.**
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 **Maplewood Career Center at (330) 296-2892 to receive a second 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 that qualify for free meal benefits. School food service personnel must have parent consent to share the student meal application if your child(ren) qualify for a fee waiver. If you agree to allow your child(ren)'s meal application to be shared with school officials to see if they qualify for a fee waiver then select **yes** in part 5. If you do not wish for that information to be shared, then select **no** in part 5. Answering no to this question will mean your child will not be considered for a fee waiver. Answering this question either way will not change your child(ren)'s free or reduced-price meal eligibility.
17. **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 , (330) 296-2892 ext. 551503.

Si necesita ayuda, por favor llame al teléfono: , (330) 296-2892 ext. 551503.

Si vous voudriez d'aide, contactez nous au numero: , (330) 296-2892 ext. 551503.

Sincerely,
Joe Hinton – Food Service Director

This institution is an equal opportunity provider.

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 Maplewood Career Center, homeless liaison, migrant coordinator at (330) 296-2892. If not, skip this part.
Part 4: Complete only if a child in your household is not eligible under Part 3. See Instruction for all other households.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are **not** necessary if you did not need to complete in part 4.
Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

IF YOU APPLY FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

- Part 1:** List all foster children and the school name and grade level for each child. Check the box that indicates the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Answer yes or no and sign your name if you would like the application to be checked by school officials to determine if the child(ren) qualifies for a school instructional fee waiver.
Part 6: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 7: We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

If some children in the household are foster children:

- Part 1:** List all household members and the school name and school grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
Part 2: If the household does not have a 7-digit SNAP or OWF case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Maplewood Career Center, homeless liaison, migrant coordinator at (330) 296-2892. 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 Maplewood Career Center, homeless liaison, migrant coordinator at (330) 296-2892. 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.

2023-2024 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
		<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 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 [SCHOOL, HOMELESS LIAISON, or MIGRANT COORDINATOR] at [EMAIL] or [330-296-2892].
 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / _____

Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT: Your child(ren) may qualify for a waiver of their school instructional fees. Your permission is required to share your meal application information with school officials to determine if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will receive free or reduced-price meals.

Please check a box: **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 that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

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

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

<p><u>Choose one ethnicity:</u></p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<p><u>Choose one or more (regardless of ethnicity):</u></p> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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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: _____	2 nd 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.

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			
2023-2024			
Household size	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	36,482	3,041	702
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5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each Additional Person:	9,509	793	183

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

This institution is an equal opportunity provider.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> (for printed documents) or **How to File a Program Discrimination Complaint (for online documents)**, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

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

Dear Parent/Guardian:

If your children receive free or reduced-price school meals, they may also be eligible for free or low-cost health insurance through Medicaid or the State of Ohio *Healthy Start, Healthy Families* Program. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and *Healthy Start, Healthy Families* that your children are eligible for free or reduced-price meals, unless you tell us not to.** Medicaid and *Healthy Start, Healthy Families* only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced-Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or *Healthy Start, Healthy Families*, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced-price meals).

- No! I DO NOT** want information from my Free and Reduced-Price School Meals Application shared with Medicaid or the *Healthy Start, Healthy Families*.

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call:

Joe Hinton, Food Service Director, 330-296-2892 ext. 551503

Return this form to: Maplewood Career Center, 7075 State Route 88, Ravenna, Ohio 44266

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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 for **School Fee Waiver**.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call:

Joe Hinton, Food Service Director, 330-296-2892 ext. 551503

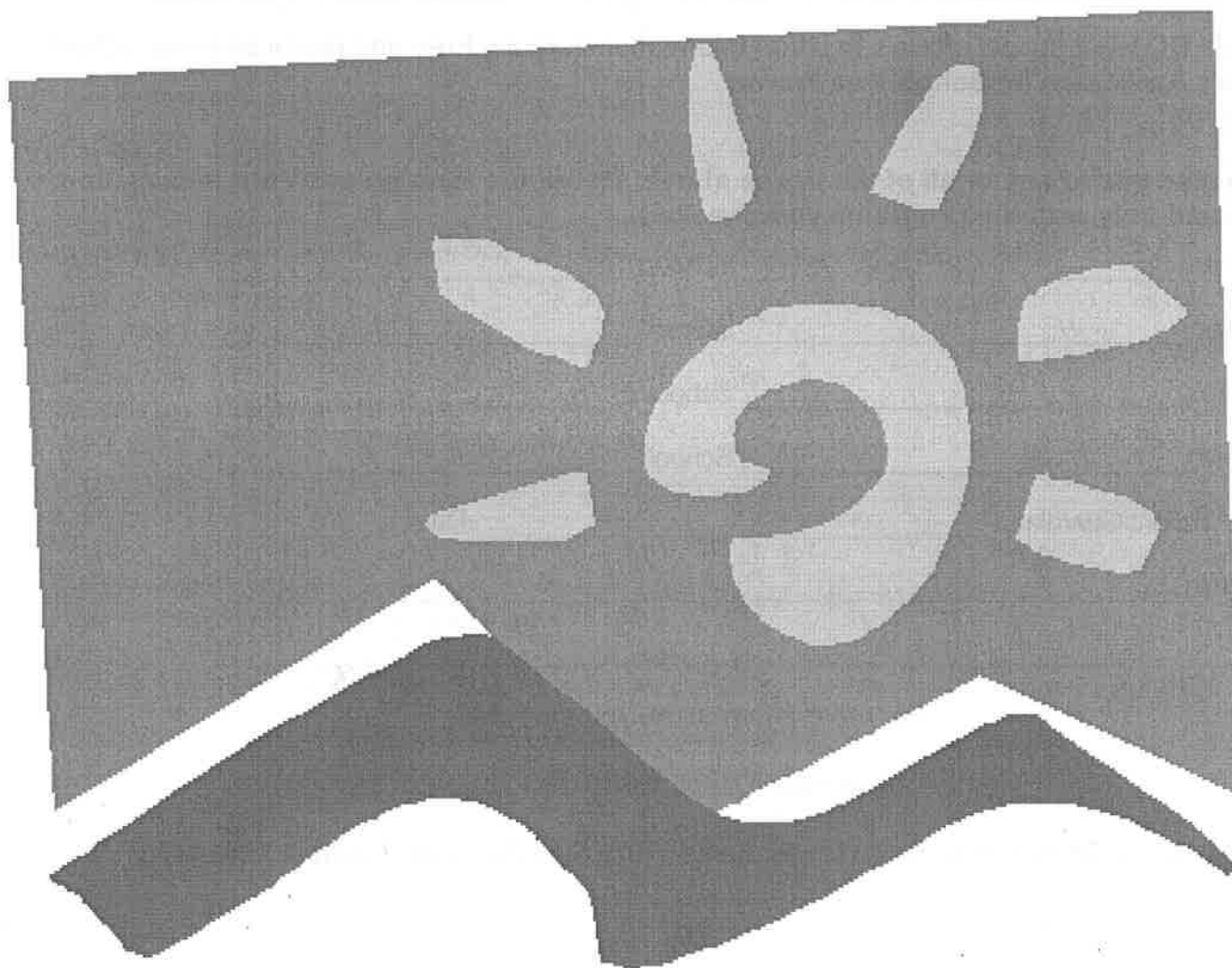
Return this form to: Maplewood Career Center, 7075 State Route 88, Ravenna, Ohio 44266

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Start your day right with Breakfast!

As a reminder, our Food Service program offers free and reduced lunches through the USDA. If your family qualifies for free lunch it comes with a free breakfast. Also, the reduced lunch comes with a reduced breakfast at \$0.30 a meal. Full price breakfast is \$2.00.

Breakfast includes a hot or cold entrée with fruit, juice and milk. Breakfast time is from 7:30 a.m. to 8:08 a.m. throughout the week. Check us out daily!



**If your family has experienced a recent financial set back;
free & reduced applications are available in
Student Services Office.**

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