

## 2021-2022 FREE AND REDUCED-PRICE SCHOOL MEALS 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		
			<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 KYLE WOLFE, HOMELESS LIAISON, or MIGRANT COORDINATOR at [kwolfe@tvsd.us](mailto:kwolfe@tvsd.us) or 740-983-5011**

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")
<i>(Example) Jane Smith</i>	\$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>Choose one ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p>Choose one or more (regardless of ethnicity):</p> <p><input type="checkbox"/> Asian                      <input type="checkbox"/> American Indian or Alaska Native                      <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White                              <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>
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# TEAYS VALLEY LOCAL SCHOOL DISTRICT

385 Viking Way, Ashville, Ohio 43103-9417  
Phone: 740-983-5000 Fax: 740-983-4158  
[www.tvsd.us](http://www.tvsd.us)

Robin Halley, Superintendent

Kyle Wolfe, Assistant Superintendent

Trey Fausnaugh, Treasurer

## FEE WAIVER FORM

Dear Parent/Guardian:

If your children are eligible for **FREE** school meals, they are now also eligible for school fee waivers; however, we are required by law to have this completed and signed fee waiver form on file.

New language in HB1 (Ohio Revised Code 3313.642 states that “no board of education of a school district shall charge a fee to a pupil who is eligible for a free lunch...for any materials needed...to participate fully in a course of instruction.”

This waiver does not apply to any fees that may be charged for fines, school pictures, parking fees, or lunches.

**If your child is in half-day preschool, and does not participate in the school meals, you must obtain a 2021-2022 Free and Reduced Meals Application, fill it out and submit it along with this form.**

**YES**, please use my child(ren)'s free meals status in order to waive class fees for 2021-2022

STUDENT NAME

SCHOOL ATTENDING

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The Teays Valley athletic participation fee for students in grades 7-12 choosing to participate in our athletic programs is \$50 per sport. There is a \$300 family maximum. Families who are eligible for free and reduced meals may have their fees waived provided appropriate documentation is on file. Please check the box below if you agree to have your meals application used to determine if the student qualifies for a fee waiver.

**YES**, please use the free and reduced meals status for the above students in order to waive Teays Valley Athletic Participation Fees for 2021-2022.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Please return the completed form to a Teays Valley building principal or the Teays Valley Board Office.**  
For more information, you may call Jannette Fausnaugh at 740-983-5058 or 614-492-9581, ext. 5058.