

CLEARVIEW LOCAL SCHOOLS

"Setting Sail for Excellence"

PLEASE READ ~ IMPORTANT!

August 2015

Dear Parent or Guardian,

The Clearview Local Schools Faculty, Staff, Administration, and Board of Education are excited to begin the 2015-2016 school year. We are committed to providing your student with the necessary resources that will enable them to be the "best they can be" and set goals for academic achievement and personal growth. Research has proven that there is a critical direct link between daily nutritious intake and academic performance. Therefore, we are proud to once again have the Community Eligibility Option Breakfast, and Lunch Meal Program at all three schools. Under this program, every student can participate in a **NO CHARGE** breakfast and lunch regardless of household income.

Student Fees are determined upon completion of this form. Student fees will be charged, regardless of eligibility, if this form is not completed and returned by September 15, 2015.

The benefits of the Universal Meal Program are many for the student, parent, guardian, faculty, staff, and community at large.

- The "low income" stigma is removed...
- Students improve their academic performance, attendance, long term health
- Fewer school discipline problems
- Economic relief to parents and guardians
- Fights hunger in our communities
- Reduced teacher workload in handling money and paper

THE SUPPORT FROM EVERY PARENT AND GUARDIAN IS IMPERATIVE FOR THIS PROGRAM TO BE A SUCCESS.

First, we need **EVERY** parent and guardian to complete the attached family application. We have attached a completed sample form. **THE APPLICATION WILL NOT BE VALID IF THE APPROPRIATE BLANKS ARE NOT COMPLETED.** This form is needed to satisfy the requirements for the State of Ohio and the U.S. Department of Agriculture. We respect your privacy. All information you provide is confidential and will not be used for any other purpose. Our goal is 100% completed forms!

Second, we need for you to encourage your child to participate in the breakfast and lunch meal program. We will be totally reliant upon student participation for reimbursement from the USDA. The more students participating in the Breakfast and Lunch meal program, the greater the federal reimbursement. We are responsible for the tax dollars that the community contributes for your child's education. We will not use those tax dollars to pay for a no charge Breakfast and Lunch Meal program.

If you have students in all three buildings, only **ONE** application per household is required. Please complete the form and have your child return it to his/her homeroom teacher. **All applications are to be returned by SEPTEMBER 15, 2015.** If you have any questions, need assistance with the application, or need more information regarding the Breakfast and Lunch Meal Program, please do not hesitate to contact my office at 440-233-5412.

We look forward to a rewarding and beneficial school year as we link nutrition to your child's education. Thank you for your support.

Sincerely,

Darlene Baker
Food Service Supervisor

Please see reverse for example



INSTRUCTIONS: Complete this survey and return to your child's school or mail to the address listed above.

These selections must be completed by the Head of Household or Designee

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: 5
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through 12th grade

Last Name	First Name	Birth Date MM-DD-YY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1. Doe	Jane	05-10-80		
2. Doe	Matt	06-10-79		
3. Doe	Tom	03-10-02	DMS	
4. Doe	Jim	01-10-10	VES	
5. Baker	Alexa	03-04-00	CHS	F
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** - Report income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$ 3,677.00	None
2. Monthly Welfare Payments, Child Support, Alimony	\$ 600.00	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$ 4,277.00	

- 4. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X Jane Doe Print Name: Jane Dow Date 8-23-15

Last Four (4) Digits of Adult Social Security Number: XXX-XX-0000 I do not have a Social Security Number

Address 4700 Broadway City Lorain Zip Code 44055

Home Phone 440-233-5412 Work Phone 440-233-5412 Email Address enter email address here
By providing your email address, you may be contact via email by the district.

For Office Use Only:	
Circle One	
QUALIFIES	DOES NOT QUALIFY

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 10-Digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the address listed above.

These selections must be completed by the Head of Household or Designee

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through 12th grade

Last Name	First Name	Birth Date MM-DD-YY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as **Page 2**

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** - Report income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

- 4. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Email Address _____

By providing your email address, you may be contacted by email.

For Office Use Only:

Circle One

QUALIFIES

DOES NOT QUALIFY

Clearview Local Schools
 4700 Broadway
 Lorain, Ohio
 440-233-5412

HOUSEHOLD INFORMATION SURVEY

Clearview Local Schools: is participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to your student's building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2015 through June 30, 2016

Persons in Family or Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each Add'l Member Add	+7,511	+626	+313	+289	+145