Dear Parent/Guardian,

The 2020-21 school year is rapidly approaching for your child(ren), and while we are seeing many changes in what school looks like and means, we want to reassure you; school meal service will continue to be offered safely when students return to school.

School meals are prepared by well-trained professionals who take great care in providing nutritious, well-balanced meals, including whole grains, lean proteins, and lots of fresh fruits and vegetables. Additionally, school nutrition professionals have extensive food safety training, make accommodations for students with food allergies, and have the skills and knowledge to ensure a safe and healthy experience for all.

As plans for returning to school come into focus, we at OHM BOCES want to assure parents, students, teachers, administrators, policymakers and community members that our school nutrition professionals across our component school districts are well-equipped to incorporate additional health and safety procedures and to continue to provide high-quality service. We look forward to serving nutritious, safe, and delicious meals for all students next year.

Now, more than ever, it is important for your families to fill out the free/reduced meal application in this packet. Whether or not you think you qualify, you may benefit by completing this application.

Both free and reduced meals are provided at NO COST to you. This is an entitlement program meaning that anyone who qualifies receives the benefit — you are not taking any meals or benefits from another family. Higher participation in the meal program also benefits the OHM BOCES Food Service Program AND your school district.

IMPORTANT: Please remember that while your child may have received free/reduced price meals this past school year, BE AWARE THAT YOU MUST REAPPLY ANNUALLY FOR THESE BENEFITS TO CONTINUE.

Please take a few minutes to complete this application, and submit anytime after August 1 to: School Food Service Office, c/o Perry Jr. HS, 9499 Weston Rd. New Hartford, NY 13413. You can also turn it in to your school district’s main office. You can find out the status of your application by calling the OHM BOCES School Food Service office at 315.738.0848, Monday through Friday between 9:00 a.m. and 2:00 p.m. Thank you.

Sincerely,

Kate Dorr, RDN, MBA
OHM BOCES School Food Service Director
# 2020-2021 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete only one form for your household, sign your name and return it to the Sauquoit Valley Central School District. Call 315-738-0848 if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>School</th>
<th>Grade/Teacher</th>
<th>Foster Child</th>
<th>Homeless, Migrant, Runaway</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. SNAP/TANF/FDPIR Benefits:
   If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 4, and sign the application.

   Name: ___________________________ CASE# ___________________________

   IF ELIGIBLE, MUST PROVIDE CASE OR FOOD STAMP NUMBER

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)
   All Household Members (including yourself and all children that have income).
   List all Household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

   Name of household member
   LIST EVERYONE EMPLOYED OR NOT

   Earnings from work before deductions Amount / How Often
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______

   Child Support, Alimony Amount / How Often
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______

   Pensions, Retirement Payments Amount / How Often
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______

   Other Income, Social Security Amount / How Often
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______
   $ ______ / ______

   No Income
   □
   □
   □
   □
   □

   Total Household Members (Children and Adults) ______
   Last Four Digits of Social Security Number: XXXX- XX- ______

   I do not have a SSN □

   *When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SSN), or mark the "I do not have a SSN box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.
   I certify (promise) that all of the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

   Signature: ___________________________ Date: ___________________________
   Email Address: ___________________________ Home Phone: ___________________________
   Home Address: ___________________________ Work Phone: ___________________________

5. Ethnicity and Race are optional; responding to this section does not affect your child(ren)'s eligibility for free or reduced price meals.

   Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino
   Race (Check one or more): □ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Island □ White

---

DO NOT WRITE BELOW THIS LINE — FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

□ SNAP/TANF/Foster
□ Income Household: Total Household Income/How Often: ___________________________ Household Size: ______
□ Free Meals □ Reduced Price Meals □ Denied/Paid

Signature of Reviewing Official ___________________________ Date Notice Sent: ______