

Child Nutrition Services – St. Cecilia

Liz Helmbright, Child Nutrition and Wellness Director

Dear Parent/Guardian:

Sycamore Child Nutrition Services is excited to offer healthy meals to the students of St. Cecilia every school day. Your children may qualify for free meals or for reduced-price meals. Breakfast will cost \$1.60; Regular lunch will cost \$2.95. This packet includes information on how to apply for free and reduced price meal benefits and detailed instructions. Below are some common questions and answers to assist you with the process.

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- All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP), or Ohio Works First (OWF) are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - 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 limits on the Federal Income Eligibility Guidelines. Your children also may qualify for free or reduced price meals if your household income falls at or below the limits on this chart. Please apply for the determination to be made by the Child Nutrition Service staff.

Federal Eligibility Income Chart (For School Year 2025-26)			
Household Size:	Yearly Gross Income:	Monthly Gross Income:	Weekly Gross Income:
1	\$28,953	\$2,413	\$557
2	\$38,128	\$3,261	\$753
3	\$49,303	\$4,109	\$949
4	\$59,478	\$4,957	\$1,144
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,536
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
Each Additional Person add:	\$10,175	\$848	\$196

"= . @ = U k Do the members of 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 you believe children in your household meet these descriptions and haven't been told that your children will receive free meals, please call 513-686-1796 for more information.

) @ No. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all the required information.

@ \ Yes! We encourage you do apply online to receive immediate eligibility results.

- **How to apply online:** Visit - <https://www.payschoolscentral.com/>
 - o Create a username and password if you're new to the site, or log in using your existing credentials.
 - o Once logged in, you can complete the Free & Reduced Meal Application
- **Prefer a Paper Application?**
 - o A printable form can also be found on the district website: <https://school.stceciliacincinnati.org/cafeteria-1>. Once completed, return to St Cecilia or to Sycamore Child Nutrition Services (CNS) - 5959 Hagewa Dr., Cincinnati, Ohio 45242.

O @ @ No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from the eligibility notification, please contact Child Nutrition Services at 513-686-1796 immediately. You may also need to submit information regarding fee waivers.

U) @ Yes. Applications are good for only one school year and the first few days of the next year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals after the short-carryover time has ended near the end of September.

@ ‡ @ (Women, Infants, Children) benefits # Please fill out an application to see if you are eligible.

‡ @ Yes, we may ask you to send written proof. Failure to respond may result in loss of meal benefit.

@@ @ Yes, you may apply at any time during the school year or if your household income or size changes.

10. What if I disagree with the school's decision about my application? You should first call Sycamore Child Nutrition 513-686-1796 to see if there was an error on your application. You may also ask for a hearing by contacting Jenni Logan, district treasurer, at 513-686-1700 or in writing to: Jenni Logan, District Treasurer, 5959 Hagewa Drive, Cincinnati, Ohio 45242.

11. May I apply if someone 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.

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 got \$900, put down that you make \$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 we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in that field. However, if any income fields are left empty or blank, those will also be counted as zeros. Please be careful when leaving income fields blank, as we will assume you meant to do so. You should also mark the box to the right of their name as "no income" if there is none.

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 must also be reported 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? Apply online or list any additional household members on a separate piece of paper, and attach it to your application. You may also use an additional application and attach it to the original.

16. My family needs more help. Are there other programs we might apply for? To find out how to apply for SNAP or other benefits contact your local assistance office or call 877-852-0010. If you have other questions or need additional help, call CNS at 686-1796.

17. I do not have access to a computer to apply online or I do not have a printer to print a copy of the application. How do I obtain a free and reduced price family meal application? Please stop into the district office or your child's school. The office staff will be able to get you a printed copy. You can also email the CNS office at zinneckerc@sycamoreschools.org and the CNS Associate can mail you a hard copy. Please note this delays the application process as we cannot process the form until we receive a completed copy.

If you have any other questions or need help completing the application by hand or electronically, please contact Sycamore Child Nutrition Services at 513-686-1796, Monday – Friday between 7:30am – 4:00pm.

Sincerely,
Liz Helmbright
Child Nutrition and Wellness Director

INSTRUCTIONS FOR APPLYING

Please review the categories and follow the instructions that best match your family's situation. For purposes of this application, a "household member" is any child or adult living with you. If you have questions at any time, please contact the Sycamore CNS office at 513-686-1796. A new application must be submitted either in person or online each school year after July 1. Failure to do so will result in your child paying full price for meals. Meal benefits begin after an application has been received and is approved. Any charges incurred before benefits begin will not be waived and will be the responsibility of the parent/guardian.

If you are new to the meal program or the school, please indicate so by checking the box in upper right corner of the application

ELECTRONIC MEAL APPLICATION:

Sycamore Child Nutrition offers a convenient online option for submitting Free and Reduced Price Meal Applications. Please visit <https://www.payschoolscentral.com/> to apply online and receive an immediate response regarding your student's meal eligibility status.

Households that receive benefits from the SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), or OHIO WORKS FIRST (OWF) please follow the instructions below:

Part 1: List all members of the household and include each child's name, school, and grade beside each name.

Part 2: List the 7-digit case number for any household member receiving SNAP or OWF benefits.

Part 3: Check the appropriate box, if any.

Part 4: Skip this part.

Part 5: We are required to ask for information about your child'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 child's eligibility for free or reduced-price meals.

Part 6: Sign form. The last four digits of your Social Security Number are NOT necessary in this instance.

Return completed form to St Cecilia or Sycamore Child Nutrition Services (CNS) - 5959 Hagewa Drive Cincinnati, OH 45242

****If you received a letter from Child Nutrition Services about direct certification after July 1, 2025, it is not necessary to submit this application****

Households without anyone receiving SNAP or OWF benefits but there is a child in your household that is HOMELESS, A MIGRANT, OR RUNAWAY please follow the instructions below:

Part 1: List all household members and the school name and school grade level for each child. A household member is any child or adult living with you.

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 St Cecilia's Homeless/Runaway Coordinator for further instructions.

Part 4: Complete only if a child in your household isn't eligible under Part 3. Follow Instructions under the **ALL OTHER HOUSEHOLDS** section, below.

Part 5: We are required to ask for information about your child'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 child's eligibility for free or reduced-price meals.

Part 6: Sign the form. Write in the last four digits of a Social Security Number (not necessary if you didn't need to fill in part 4).

Return completed form to St Cecilia or Sycamore Child Nutrition Services (CNS) - 5959 Hagewa Drive Cincinnati, OH 45242

If ALL of the children in the household are FOSTER CHILDREN, please follow the instructions below:

Part 1: List all household members and the school name and school grade level for each child. Check the box if the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: We are required to ask for information about your child'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 child's eligibility for free or reduced-price meals.

Part 6: Sign the form. Write in the last four digits of a Social Security Number (not necessary if you didn't need to fill in part 4).

Return completed form to St Cecilia or Sycamore Child Nutrition Services (CNS) - 5959 Hagewa Drive Cincinnati, OH 45242

If SOME of the children in the household are FOSTER CHILDREN, please follow the instructions below:

Part 1: List all members of the household and include each child's name, school, and grade. 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: Complete only if a child in your household isn't eligible under Part 1 as a Foster Student.

Part 4: Follow instructions under the **ALL OTHER HOUSEHOLDS** section, below.

Part 5: We are required to ask for information about your child'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 child's eligibility for free or reduced-price meals.

Part 6: Sign the form. Write in the last four digits of social security number, or mark the box if you don't have one.

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ALL OTHER HOUSEHOLDS: If none of the previous descriptions apply to your household, please follow the instructions below:

Part 1: List all members of the household and include each child's name, school, and grade. For any person, including children, with no income, you must check the "no income" box.

Part 2-3: Skip these parts.

Part 4: Follow these instructions to report total household income from this month or last month:

- **Section 1- Name:** List all household members with income
- **Section 2- Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
Earnings: Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
Earnings from welfare, child support, and alimony: List the amount each person received.
Earnings from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits: List the amount each person received.
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 benefits from WIC, SNAP, OWF, federal education and foster payments received by the family from the placing agency. If you are 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 get combat pay, do not include these allowances as income.

Part 5: We are required to ask for information about your child'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 child's eligibility for free or reduced-price meals.

Part 6: Sign the form. Write in the last four digits of social security number, or mark the box if you don't have one.

Return completed form to St Cecilia or Sycamore Child Nutrition Services (CNS) - 5959 Hagewa Drive Cincinnati, OH 45242

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Household Size	Annual Salary	Monthly	Weekly
1	\$28,953	\$2,413	\$557
2	\$38,128	\$3,261	\$753
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4	\$59,478	\$4,957	\$1,144
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,536
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
Each additional person:	10,175	48	6

Your children may qualify for free or reduce-priced 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 SNAP or 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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and compliant filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider, employer, and lender.

Rev. 6/05/2025



St. Cecilia School

5-26 Free and Reduced Price School Meals Family Application

Each household needs only one application and return it to the child's school or
Child Nutrition Services, 5959 Hagewa Drive, Cincinnati, Ohio 45242.

Electronic application available at <https://www.payschoolscentral.com/>

☐ Check this box if you are new to the district and/or are not currently receiving Free and Reduced Price School Meals.

PART 1. ALL HOUSEHOLD MEMBERS (Use a separate application for each foster child.)

Names of ALL household members (PRINT Clearly: First, Middle Initial, Last)	Mark Children enrolled at St. Cecilia with an "X"	Child's Current Grade	Check box if foster child legal responsibility of welfare or court If all are foster, skip to part 5	If NO Income Must Check box
			<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 the household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the 7-digit case number and skip to part 5. NAME: _____ CASE NUMBER: _____

PART 3. CHILD IDENTIFICATION

@ _____ # _____

☐ Migrant ☐ Runaway ☐ Homeless

PART 4. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS)

(List all income only once and on the same line as the person who receives it. Check the box for how often it was received.)

List Per Person	Work Earnings	Frequency of Paycheck				Earnings from Assistance programs	Frequency of Payment				Earnings from benefits	Frequency of Payment				Any Other Earnings	Frequency of Payment			
List only those family members with income	Gross Earnings (before deductions)	Weekly	Every 2 weeks	Twice a month	Monthly	Such as: Welfare, child support, alimony	weekly	every 2 weeks	twice a month	monthly	Such as: Pensions, retirement, SS, SSI, VA benefits	Weekly	Every 2 weeks	Twice a month	Monthly	*Not a Total	Weekly	Every 2 weeks	Twice a month	Monthly
	\$	<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"/>
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PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (Optional)

Choose one ethnicity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

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

PART 6. SIGNATURE AND 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.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get 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.

Signature: _____ Printed Name: _____ Date: _____

Address: _____ Email: _____ Phone: _____

Last Four Digits of Social Security Number: _____ ☐ I do not have a Social Security Number

OFFICE USE ONLY- REV 6/16/23. Total Income: \$ _____ Per: ☐ Week (x52), ☐ Every 2 Weeks (x26) ☐ Twice A Month (x24) ☐ Month (x12) ☐ Year
Household size: _____ Categorical Eligibility: _____ Free _____ Reduced _____ Denied _____ Reason: _____ Date Withdrawn: _____
DASL: _____ Determining Official's Initials: _____ Date: _____ Confirming Official's Initials: _____ Date: _____
Verifying Official's Signature: _____ Date: _____ Verification Dates: Notification: _____ 2nd Notice Sent: _____ Response: _____
Verification Result: No Change _____ Free to Reduced-Price _____ Free to Paid _____ Reduced-Price to Free _____ Reduced-Price to Paid _____ Results Sent: _____