

FIVE DAY HOT LUNCH PROGRAM

On Tuesday August 25 Columbus Torah Academy will start the first session of this year's five day hot lunch program. The first session will be from August 25-January 15 . A letter will be sent out at that time regarding the second session. Our menu will rotate as follows:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Pizza Bagels	Chicken Nuggets	Lasagna	Turkey Pastrami	Tuna Scoop
Baked Ziti	Hamburgers	Pizza	Chicken Cutlets	Fish Sticks
French Toast	Tacos	Grilled Cheese	Sloppy Joes	

On occasion we will have BBQ Chicken, Breaded Chicken and Meatball Subs. All meals will include milk/ juice, fruit, vegetables and/or salads, bread or bread alternate. Peanut Butter and Jelly Sandwiches or Cheese Sandwiches(dairy) will be available for students as a substitute for the main dish.

This PTO program is successful because of parent participation. Parent volunteers help in the kitchen from 10:45-12:30. WE NEED YOU ONE DAY EACH MONTH!!!!!!!!!!!!!! Please indicate which day will be your volunteer day. As our volunteer guidelines for this year are determined, we will be in touch with you.

PLEASE READ THIS NEXT SECTION CAREFULLY!!!!

A five day lunch program makes Torah Academy eligible for government subsidies and commodities. Your family may fit into one of the three state school lunch program categories.

1. PAY: full amount for lunch
2. REDUCED: pay 40 cents for lunch
3. FREE: no charge for lunch

These categories depend totally on GROSS INCOME. A letter of explanation and a form to complete (with instructions) are enclosed. Please note the income eligibility scale on the bottom of the letter. To be eligible for a reduced lunch (40 cents) take your family size (all household members) (left column) and move across on the chart to check the annual, monthly or weekly gross income before deductions. If your income before deductions is LESS than this amount , you will then qualify for a government subsidy. If your income is more than the amount indicated, you must pay the full amount for lunches. Again, Hot Lunch is not mandatory at this time. It is very important that this form be completed!! If the form is not completed and returned, we will assume that you will be paying the full amount for Hot Lunch.

DEADLINE FOR THIS FORM IS AUGUST 18th Please complete the forms and return them with your check payable to CTA Lunch Program in the enclosed envelope. ** If you are eligible for a government subsidy, and would like to sign up for Hot Lunch, please enclose a check for 40 cents per lunch. If we find that you are eligible for a free lunch, we will return the check to you. Again, we need all forms in by August 18th to be able to review them and get all necessary paperwork completed. If you have any questions please call Karan Tanenbaum 231-5394

NOTE: Income eligibility allows for one complete lunch at a reduced cost or at no cost. Any EXTRA main dish portions or side dishes are charged at the rate of \$2.50 per main dish and .75 - \$1.00 for side dishes

AGAIN- PLEASE REMEMBER, HOT LUNCH STARTS ON THE FIRST DAY OF SCHOOL - DON'T PUT THIS FORM AWAY--SEND IT IN TODAY!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

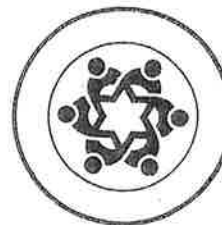
STUDENT _____ GRADE _____ PHONE NO. _____
 I CAN VOLUNTEER ON THE 1 2 3 4 5 M T W TH F 10:45-12:30
MONDAY HOT LUNCH - \$60.00 MONDAY EXTRA MAIN DISHES
 August-January
 (15 Mondays@\$4.00=\$60.00) _____
 (15 Mondays@\$.40=\$6.00) _____
TUESDAY HOT LUNCH-\$76.00 TUESDAY EXTRA MAIN DISHES
 August-January
 (19Tuesdays@\$4.00=\$76.00) _____
 (19 Tuesdays@\$.40= \$7.60) _____
WEDNESDAY HOT LUNCH-\$68.00 WEDNESDAY EXTRA MAIN DISHES
 August-January
 (17 Wednesdays@\$4.00=\$68.00) _____
 (17 Wednesdays@\$.40=\$6.80) _____
THURSDAY HOT LUNCH-\$72.00 THURSDAY EXTRA MAIN DISHES
 August-January
 (18 Thursdays @\$4.00=\$72.00) _____
 (18 Thursdays @\$.40=\$7.20) _____
FRIDAY HOT LUNCH-\$60.00 FRIDAY EXTRA MAIN DISHES
 August-January
 (15 Fridays@\$4.00=\$60.00) _____
 (15 Fridays@\$.40=\$6.00) _____
 TOTAL _____

Total is \$336.00 for the first session. Reduced lunch is \$33.60 for the first session.

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Frequently Asked Questions About Free and Reduced Price School Meals



Dear Parent/Guardian:

Children need healthy meals to learn. Columbus Torah Academy offers healthy meals each school day. Lunch costs \$4.00. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is 40 cents 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.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2020-2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional	8,288	691	160

2. **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 Columbus Torah Academy 181 Noe Bixby Columbus, OH 43213**
3. **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 told you that your child is eligible for the new school year.
4. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
5. **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.
6. **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: **Norm Leist 614-864-0299 #200**
7. **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.
8. **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.

If you have other questions or need help, call **Karan Tanenbaum 614-864-0299 #222**

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: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: 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
Columbus Torah Academy

Part 4: Complete only if a child in your household is not eligible under Part 3. See Instruction for all other households.

Part 5: 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 6: 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 ARE APPLYING 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 indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: 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 name of school and 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 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 your 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: 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 doesn't have one).

Part 6: 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.

2020-2021 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. ALL HOUSEHOLD MEMBERS

Names of all household members (First, Middle Initial, Last)	Name of school and school grade level for each child/or indicate "N/A" 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

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 10-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: _____ 10-DIGIT CASE NUMBER: _____

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	Wee ekly	Ev ery 2 Weeks	Twic e Mo nthly	Mo nthly	Welfare, child support, alimony	Wee ekly	Ev ery 2 Weeks	Twic e Mo nthly	Mo nthly	Pensions, retirement, Social Security, SSI, VA benefits	Wee ekly	Ev ery 2 Weeks	Twic e Mo nthly	Mo nthly	All Other Income (indicate frequency, such as "weekly", "monthly", "quarterly", "annually")
(Example) Jane Smith	\$200					\$150					\$0					\$50.00/quarterly
	\$					\$				\$						\$ /
	\$					\$				\$						\$ /
	\$					\$				\$						\$ /

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

Please check a box: Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.
 No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.
 Signature of Parent/Guardian for the Instructional Fee Waiver Question: _____ 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 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.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____
 Last four digits of your Social Security Number: _____ I do not have a Social Security Number _____ Phone Number: _____

Part 7. Children's ethnic and racial identities (optional)

Choose one ethnicity:	Choose one or more (regardless of ethnicity):	
Hispanic/Latino Not Hispanic/Latino	Asian White	American Indian or Alaska Native Native Hawaiian or other Pacific Islander Black or African American

Don't fill out this part. This is 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 A Month, Month, Year
 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: _____
 Verification Result: No Change, Free to Reduced Price, Free to Paid, Reduced Price to Free, Results Sent: _____
 Reduced Price to Paid

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.

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, audiotope, 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: How to File a 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
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.