

FIVE DAY HOT LUNCH PROGRAM

On Thursday August 22nd, Columbus Torah Academy will start the first session of this year's five day hot lunch program. The first session will be from August 22-January 17. 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	Deli Sandwich	Tuna Scoop
Macaroni & Cheese	Hamburgers	Pizza	Chicken Cutlets	Fish Sticks
	Tacos	Grilled Cheese	Sloppy Joes	

On occasion we will have French Toast, Barbecued 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.

The menu can conveniently be found each week in the CTA Communicator email.

This PTO program is successful because of parent participation. Parent volunteers help in the kitchen from 10:20-12:30. WE NEED YOU ONE DAY EACH MONTH!!!!!!!!!!!!!! Please indicate which day will be your volunteer day.

I CAN VOLUNTEER ON THE: 1st 2nd 3rd 4th 5th M T W TH F of the month 10:20-12:30

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: no charge for lunch this year
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.

Explanation of Free Lunch:

A free lunch is a complete meal.

If a student wants a main dish only, the cost is \$2.75

If a student wants seconds on the main dish, the cost is \$2.75

If a student wants a side dish only, the cost is \$ 0.75

Milk only is \$0.40

If you have any questions please contact Karan Tanenbaum- Food Service Director at 614-204-2439 or ktanenbaum@torahacademy.org

STUDENT _____ GRADE _____ PHONE NO. _____

I CAN VOLUNTEER ON THE 1 2 3 4 5 M T W TH F 10:20-12:30

MONDAY HOT LUNCH - \$81.00

August-January

(18 Mondays@\$4.50=\$81.00) _____

TUESDAY HOT LUNCH-\$85.50

August-January

(19 Tuesdays@\$4.50=\$85.50) _____

WEDNESDAY HOT LUNCH-\$63.00

August-January

(14 Wednesdays@\$4.50=\$63.00) _____

THURSDAY HOT LUNCH-\$72.00

August-January

(16 Thursdays @\$4.50=\$72.00) _____

FRIDAY HOT LUNCH-\$67.50

August-January

(15 Fridays@\$4.50=\$67.50) _____

TOTAL _____

Total is \$369.00 for the first session.

MONDAY EXTRA MAIN DISHES

Pizza Bagels- \$15.00 _____

Macaroni/Cheese \$15.00 _____

TUESDAY EXTRA MAIN DISHES

Chicken Nuggets -\$15.00 _____

Hamburgers-\$15.00 _____

Tacos-\$15.00 _____

WEDNESDAY EXTRA MAIN DISHES

Grilled Cheese-\$15.00 _____

Lasagna-\$15.00 _____

Pizza-\$15.00 _____

THURSDAY EXTRA MAIN DISHES

Chicken Cutlets \$15.00 _____

Sloppy Joes-\$15.00 _____

Turkey Pastrami -\$15.00 _____

FRIDAY EXTRA MAIN DISHES

Tuna Salad Scoop-\$15.00 _____

Fish Sticks -\$15.00 _____

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FRIDAY EXTRA MAIN DISHES

Tuna Salad Scoop-\$15.00 _____

Fish Sticks -\$15.00 _____

Dear Junior High and High School Parents,

We will again be offering an a la carte option of soup on Tuesdays and Thursdays for purchase at a nominal cost.

The charge for soup is 75¢

August - January cost for soup: 33 soup days @ .75 = \$24.75

Please add this cost to your hot lunch check if your child would like to purchase the a la carte option.

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. Breakfast lunch costs \$4.50. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is .40 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.

INCOME ELIGIBILITY GUIDELINES 2024-2025			
Household size	Yearly	Monthly	Weekly
1	\$27,861	\$2,322	\$536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional Person:	9,953	830	192

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 181Noe Bixby Columbus, Ohio 43213**
3. **Should I complete an application if I received a letter this school year saying my children are approved already for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from the eligibility notification, contact Karan Tanenbaum 614-864-0299 #222 immediately.
4. **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.
5. **I receive Women, Infants and Children (WIC) benefits. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please submit a completed application.
6. **Will the information I give be checked?** Yes, we also may ask you to send written proof.
7. **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.
8. **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: **Mr Norm Leist 614-864-0299 #200**

9. **May I apply if someone else 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 for free or reduced-price meals.
10. **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.
11. **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.
12. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Ohio SNAP or other assistance benefits, contact your local assistance office or call 877-852-0010.

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

Sincerely,
Karan Tanenbaum

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.

ALL OTHER HOUSEHOLDS (INCLUDING WIC HOUSEHOLDS) FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box".

Part 2: If the household does not have a SNAP or OWF 7-digit case number, 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 614-864-0299**. If not, 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 box to note how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, be sure to 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 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: An 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.

Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

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Household size	Yearly	Monthly	Weekly
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7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional Person:	9,953	830	192

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.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

2024-2025 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. 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 SNAP or 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 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	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pension, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	\$200					\$150					\$0				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

Part 5. 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: _____

Part 6. 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.

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