



# FIELD LOCAL SCHOOL DISTRICT

David O. Heflinger  
Superintendent

Todd B. Carpenter  
Treasurer

## PUBLIC RELEASE

**Superintendent's Office**  
2900 State Route 43  
Mogadore, Ohio 44260  
330-673-2659

**Treasurer's Office**  
2900 State Route 43  
Mogadore, Ohio 44260  
330-673-2676

**Field High School**  
2900 State Route 43  
Mogadore, Ohio 44260  
330-673-9591

**Field Middle School**  
1379 Saxe Road  
Mogadore, Ohio 44260  
330-673-4176

**Brimfield Elementary**  
4170 State Route 43  
Kent, Ohio 44240  
330-673-8581

**Suffield Elementary**  
1128 Waterloo Road  
Mogadore, Ohio 44260  
330-552-5252

**Special Services**  
2900 State Route 43  
Mogadore, Ohio 44260  
330-673-2659

**Field Local Schools** today announced its 2022-2023 program year policy for free and reduced-price meals for students unable to pay the full price of meals or milk served under the National School Lunch and School Breakfast, After School Care Snack or Special Milk Program. Each school office and the central office has a copy of the policy, which may be reviewed by any interested party.

The Federal Income Eligibility Guidelines will be used for determining eligibility. Children from families whose annual income is at or below the Federal Guidelines are eligible for free and reduced-price meals of free milk if the school participates in the Special Milk Program.

Application forms are being distributed to all homes in a letter to parents or guardians. To apply for free and reduced-price benefits, households should fill out the application and return it to the school. Additional copies are available at the principal's office in each school. A complete application is required. Households which currently received Special Nutrition Assistance Program Benefits (SNAP, formally known as food stamps) or Ohio Works First (OWF) funds for a child must provide the child's name, the SNAP or OWF case number and signature of an adult household member on the application. Households which do not receive SNAP or OWF funds must provide the names of all household members, the last four digits of the Social Security Number of the adult signing the application or state "none" if the adult does not have a Social Security Number, the amount and source of income received by each household member, (state monthly income) and the signature of an adult household member. If any of this information is missing, the school cannot process the application.

**FREE HEALTH CARE:** Families with children eligible for school meals may be eligible for FREE health care coverage through Medicaid and/or Ohio's Healthy Start & Health Families program. These programs include coverage for doctor visits, immunizations, physicals, prescriptions, dental, vision, mental health, substance abuse and more. Please call **1-800-324-8680** for more information or to request an application. Information can also be found on the web at <http://jfs.ohio.gov/ohp/consumers/familychild.stm>. Anyone who has an Ohio Medicaid card is already receiving these services.

The information provided on the application is confidential and will be used only for the purpose of determining eligibility and may be verified at any time during the school year by school or other program official. To discourage the possibility of misrepresentation, the application forms contain a statement above the space for signature certifying that all information furnished is true and correct. Applications are being made in connection with the receipt of federal funds.

Schools or other officials may check the information on the application at any time during the school year. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal laws.

Households will be notified of the approval or denial of benefits.

Foster children are categorically eligible for free meal benefits regardless of the household's income. If a family has foster children living with them and wishes to apply for such meals or milk for them, contact the school for more information.

Under the provisions of the policy, **Kelly Peterson, High School Manager and/or Robin Ferguson, Assistant Director of Operations** will review applications and determine eligibility. If a parent or guardian disagrees with the decision on the application or the result of verification, the decision may be discussed with the determining official on an informal basis. If a formal appeal is desired, the household has the right to a fair hearing. A fair hearing can be requested either orally or in writing from: **Dave Heflinger, Field Local School District Superintendent, 2900 State Route 43, Mogadore, OH 44260 (330) 673-2659.**

The policy contains an outline of the hearing procedure.

Households may apply for benefits any time during the school year. If a household is not currently eligible and if the household size increase or income decreases because of unemployment or other reasons, the family should contact the school to file a new application. Such changes may make the children of the family eligible for free or reduced-price benefits if the family income falls at or below the levels shown above.

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. Additional, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested on 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](mailto:program.intake@usda.gov)

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