

Fax Cover Sheet



**Western Ohio Computer Organization
129 E. Court St.
Sidney, OH 45365**

**Tele: 937-498-2161
FAX: 937-497-7233**

TO: Vinson Varughese

Company Name Schools and Libraries Division

FAX Number 973-599-6522

From: Lewis Ivey

Description: Requested information pertaining to application 350140

Number of pages (including cover): 2

Date Sent: 09/29/2003

Time Sent: 1.00 p.m.

If there are any problems receiving this transmission, please call: (937)498-2161



Western Ohio Computer Organization, 129 E. Court St., Sidney, OH 45365
(937)498-2161 Fax 937-497-7633) www.woco-k12.org

September 29, 2003

Mr. Vinson Varughese
Program Integrity Assurance Associate
Schools and Libranes Division

RE: Application 350140

Dear Mr. Varughese;

As per your email message dated September 24,2003, here is the requested information. Please advise if additional or clarifying material is needed.

- 1 The reference form 470 for FRN 957644 on the 471 application number 350140, should be 553620000247838
2. On those schools that you indicated a problem validating the discount percentage, I've contacted those districts requesting the information you need Once I receive the information I will forward it on to you.

Thank you for your patience in handling this matter I hope the above will take care of the necessary corrections If not please call or email me at your convenience

Sincerely,

A handwritten signature in black ink that reads "Lewis 'Sonny' Ivey". The signature is written in a cursive, flowing style with a long, sweeping underline that extends to the right.

Lewis "Sonny" Ivey
Director

Fax Cover Sheet



**Western Ohio Computer Organization
129 E. Court St.
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TO:	<u>Vinson Varughese</u>
Company Name:	Schools and Libraries Division
FAX Number	<u>973-599-6522</u>

From:	<u>Lewis Ivey</u>
Description:	Requested information pertaining to application 350140

Number of pages (including cover):	<u>13</u>
Date Sent:	<u>10/02/2003</u>
Time Sent:	<u>9:28 a.m.</u>
If there are any problems receiving this transmission, please call: <u>(937)498-2161</u>	



Western Ohio Computer Organization, 129 E. Court St., Sidney, OH 45365
(937)498-2161 Fax 937-497-7633) www.woco-k12.org

October 2, 2003

Mr. Vinson Varughese
Program Integrity Assurance Associate
Schools and Libraries Division

RE Application 350140

Dear Mr. Varughese;

I had previously sent to you an email message requesting an extension to your request for the information needed for the above 471. Since I did not receive a response, I hope it is not too late to send the following information:

- 1 Items pertaining to the your comment, "we were not able to validate your requested discount percentages for the following schools:"
 - a. Dohron Wilson Elementary
 - i. See letter from Mechanicsburg Exempted Village School
 - b. Urbana Local Intermediate School
 - i. They indicated to accept the 60% discount instead of the 70%
 - c. Jackson Center Elementary School
 - i. Did not receive any information from the Jackson Center Local Schools. Go with the 25%
 - d. For Mount Blanchard and Riverdale Middle Schools, see the attached sheets labeled "RD1 thru RD10"

The second item dealing with the FRN 957644, I had faxed to you on September 29, 2003. If you DO NOT have that information, please contact me as soon as possible.

Also, is there a way that you can confirm that you've received all the pertinent information that you requested?

Thank you for your patience in handling this matter. I hope the above will take care of the necessary corrections. If not please call or email me at your convenience.

Sincerely,

A handwritten signature in black ink that reads "Lewis 'Sonny' Ivey". The signature is written in a cursive, flowing style.

Lewis "Sonny" Ivey
Director



Mechanicsburg Exempted Village School District

60 High Street - Mechanicsburg, Ohio 43044
(937) 834-2453 - Fax (937) 834-3954

Herbert D. Swiger, Superintendent (ext. 111) - Patricia A. Sheffield,
Treasurer (ext. 132)

Mary J. Huffman, Director of Curriculum and Instruction (ext. 113)
Darlene Ruth, EMIS Coordinator (ext. 148)

September 25, 2003

Ms. Nancy Ivey
Western Ohio Computer Organization
126 Court St.
S OH 45365

Mr. Ivey:

For the 2003-2004 school year the following information is available as of this date:

	K-6	7-12
Population	413	462
Free Lunch	69	23
Reduced Lunch	27	8

The reimbursement claim form that is sent to the state is an aggregate of both buildings
listed under the JH/HS IRN number.

If you need additional information, please contact me.

Sincerely,

Patricia A. Sheffield
Treasurer

9/25/03

Riverdale Local Schools

Administrative Office
20613 SR 37
Mt. Blanchard, OH 45867
419-694-4994
FAX 419-694-6465

Riverdale High School
20613 SR 37
Mt. Blanchard, OH 45867
419-694-2211
FAX 419-694-6465

Riverdale Elementary/Jr High
311 W Dixon St.
Forest, OH 45843
419-273-2548 419-273-2427
FAX 419-273-3238

Riverdale Elementary
310 S Main St.
Mt. Blanchard, OH 45867
419-694-2123
FAX 694-5008

Sonny - I thought I better respond to the E-rate information you need since I'm not sure anyone else has. Enrollment for the Riverdale Local School District for the 2003-2004 school year is as follows:

Mt. Blanchard Elem. - 296 students
Free lunches - 30
Reduced lunches - 25

Forest Elem. - 270 students
Free lunches - 57
Reduced lunches - 24

Forest Jr. Hi - 182 students
Free lunches - 26
Reduced lunches - 8

Riverdale HS - 309 students
Free lunches - 20
Reduced lunches - 12

Enrollment for the 2002-2003 school year for the Riverdale Local School District was as follows:

Mt. Blanchard Elem. School - 279 total students
44 eligible for free lunches
14 eligible for reduced

Forest Elem. - 278 total students
64 eligible for free lunches
15 eligible for reduced

Forest Jr. Hi - 179 total students
33 eligible for free lunches
10 eligible for reduced

Riverdale HS - 327 total students
35 eligible for free lunches
04 eligible for reduced

I have enclosed copies of the May 2003 claims reimbursement form for each of the buildings verifying these numbers. You'll notice that Forest Elementary and Forest Jr. Hi are combined on the report containing IRN #011916 because we just have the one cafeteria that serves kindergarten through 8th grade at this building. If you have any questions, please call.

Sincerely,



Joeline Ribley
Treasurer

Site Claim Form

View Mode Only

Sponsor Information			
Sponsor Name	Sponsor IRN	Month Claimed	Revision
Riverdale Local SD	047514	May 2003	0

Submission Type:	Original		
Authorized Signature:	Virginia Motter	Received Date:	6/23/2003

Site Information		
Site Name	Site IRN	Revision
Riverdale Ele Sch	00025742	0

Meals/Milk Served				
Accuclaim Documentation On File: <input type="checkbox"/>				
Description	Lunch	Breakfast	Snack	
Paid Student Meals Served at Price No. 1 / Paid Milk Served (If Applicable)	2,443	0	0	0
Paid Student Meals Served at Price No. 2	0	0	0	
Paid Student Meals Served at Price No. 3	0	0	0	
Paid Student Meals Served at Price No. 4	0			
Needy Free Student Meals/Milk Served	566	0	0	0
Needy Reduced Price Student Meals Served	199	0	0	
Non-Needy Student Workers Meals Served	14	0	0	
Total Student Meals Served	3,222	0	0	
Adult Milk Served				0
No. of Days Served	18	0	0	0

Eligibility Information				
Description	Lunch	Breakfast	Snack	
Free Applicants	44	0	0	0
Reduced Price Applicants	14	0	0	

Special Milk Only		
Description		
Total Cost of Milk Purchased	0.00	
Total 1/2 Pints Purchased	0	

Cash Receipts				
Description	Lunch	Breakfast	Snack	
Student Receipts	2,955.15	0.00		0
Extra Milk Receipts	32.40			

RD2

a la Carte Receipts	87.00			
Adult Receipts	487.50	0.00		
Other Receipts		0.00		
Total Receipts	3,562.05	0.00	0.00	0

Inventory Cost Report		
1	Value of Beginning Inventory Purchased Food & Gov't Donated Food	5,812.70
2	Value of Purchased Food Received This Month	1,060.88
3	Value of Ending Inventory Purchased Food & Gov't Donated Food	5,106.54
5	Value of Government Donated Food Received This Month	0.00
7	Value of Beginning Inventory Non-Food Supplies	365.16
8	Value of Non-Food Supplies Received This Month	236.90
9	Value of Ending Inventory Non-Food Supplies	351.07
10	Value of Preparation and Serving Equipment	
11	Value of Food Service Automotive Equipment	

Labor and Other Costs Report		
1	Food Service Direct Labor Costs	3,846.84
2	All Fringe Benefits Except Retirement and Worker's Comp	1,559.16
3	Total Number of Food Service Labor Hours Used This Month	375.51
4	Cost of Purchased Services	37.39
5	Cost of Food Sold to Other Functions	
6	Cost of Labor for Other Functions	
7	Cost of Non-Food Supplies Sold to Other Functions	
8	Food Service Fund Beginning Cash Balance	-10,245.72
9	Other Incomes (Misc. Receipts Not Reported in Cash Receipts)	
10	Receipts from Other Agencies	

Breakfast Program Data	
Categories	Breakfast
Purchased Food Used	
Supplies Used	
Purchased Services	
Paid Labor	
Fringe Benefits	

RD3

Breakfast Labor Hours			
Created By 047514	Created Date 6/23/2003	Modified By:	Modified Date:

Note: Please review this information before submitting this claim.
Click the Submit button to send this claim to Child Nutrition Services.



RD4

Site Claim Form

View Mode Only

Sponsor Information			
Sponsor Name	Sponsor IRN	Month Claimed	Revision
Riverdale Local SD	047514	May 2003	0

Submission Type:	Original		
Authorized Signature:	Virginia Motter	Received Date:	6/23/2003

Site Information		
Site Name	Site IRN	Revision
Riverdale Ele Sch	00011916	0

Meals/Milk Served				
Accuclaim Documentation On File: <input checked="" type="checkbox"/>				
Description	Lunch	Breakfast	Snack	
Paid Student Meals Served at Price No. 1 / Paid Milk Served (If Applicable)	2,158	0	0	0
Paid Student Meals Served at Price No. 2	1,479	0	0	
Paid Student Meals Served at Price No. 3	0	0	0	
Paid Student Meals Served at Price No. 4	0			
Needy Free Student Meals/Milk Served	1,389	0	0	0
Needy Reduced Price Student Meals Served	339	0	0	
Non-Needy Student Workers Meals Served	12	0	0	
Total Student Meals Served	5,377	0	0	
Adult Milk Served				0
No. of Days Served	18	0	0	0

Eligibility Information				
Description	Lunch	Breakfast	Snack	
Free Applicants	97	0	0	0
Reduced Price Applicants	25	0	0	

Special Milk Only	
Description	
Total Cost of Milk Purchased	0.00
Total 1/2 Pints Purchased	0

Cash Receipts				
Description	Lunch	Breakfast	Snack	
Student Receipts	4,964.39	0.00		0
Extra Milk Receipts	461.85			

RDS

a la Carte Receipts	434.90			
Adult Receipts	448.50	0.00		
Other Receipts		0.00		
Total Receipts	6,309.64	0.00	0.00	0

Inventory Cost Report		
1	Value of Beginning Inventory Purchased Food & Gov't Donated Food	8,474.65
2	Value of Purchased Food Received This Month	2,866.26
3	Value of Ending Inventory Purchased Food & Gov't Donated Food	6,768.53
5	Value of Government Donated Food Received This Month	
7	Value of Beginning Inventory Non-Food Supplies	639.98
8	Value of Non-Food Supplies Received This Month	463.27
9	Value of Ending Inventory Non-Food Supplies	230.89
10	Value of Preparation and Serving Equipment	
11	Value of Food Service Automotive Equipment	

Labor and Other Costs Report		
1	Food Service Direct Labor Costs	5,178.04
2	All Fringe Benefits Except Retirement and Worker's Comp	2,976.64
3	Total Number of Food Service Labor Hours Used This Month	543.67
4	Cost of Purchased Services	74.78
5	Cost of Food Sold to Other Functions	
6	Cost of Labor for Other Functions	
7	Cost of Non-Food Supplies Sold to Other Functions	
8	Food Service Fund Beginning Cash Balance	
9	Other Incomes (Misc. Receipts Not Reported in Cash Receipts)	388.25
10	Receipts from Other Agencies	

Breakfast Program Data	
Categories	Breakfast
Purchased Food Used	
Supplies Used	
Purchased Services	
Paid Labor	
Fringe Benefits	

R06

Breakfast Labor Hours			
Created By: 047514	Created Date: 6/23/2003	Modified By: 047514	Modified Date: 6/23/2003

Note: Please review this information before submitting this claim.
Click the Submit button to send this claim to Child Nutrition Services.



RD?

Site Claim Form

View Mode Only

Sponsor Information			
Sponsor Name	Sponsor IRN	Month Claimed	Revision
Riverdale Local SD	047514	May 2003	0

Submission Type:	Original		
Authorized Signature:	Virginia Motter	Received Date:	6/23/2003

Site Information		
Site Name	Site IRN	Revision
Riverdale High Sch	00031898	0

Meals/Milk Served				
Accuclaim Documentation On File: <input type="checkbox"/>				
Description	Lunch	Breakfast	Snack	
Paid Student Meals Served at Price No. 1 / Paid Milk Served (If Applicable)	2,355	0	0	0
Paid Student Meals Served at Price No. 2	0	0	0	
Paid Student Meals Served at Price No. 3	0	0	0	
Paid Student Meals Served at Price No. 4	0			
Needy Free Student Meals/Milk Served	397	0	0	0
Needy Reduced Price Student Meals Served	28	0	0	
Non-Needy Student Workers Meals Served	108	0	0	
Total Student Meals Served	2,888	0	0	
Adult Milk Served				0
No. of Days Served	18	0	0	0

Eligibility Information				
Description	Lunch	Breakfast	Snack	
Free Applicants	35	0	0	0
Reduced Price Applicants	4	0	0	

Special Milk Only		
Description		
Total Cost of Milk Purchased	0.00	
Total 1/2 Pints Purchased	0	

Cash Receipts				
Description	Lunch	Breakfast	Snack	
Student Receipts	4,129.50	0.00		0
Extra Milk Receipts	35.20			

RO8

a la Carte Receipts	1,387.80			
Adult Receipts	486.00	0.00		
Other Receipts		0.00		
Total Receipts	6,038.50	0.00	0.00	0

Inventory Cost Report		
1	Value of Beginning Inventory Purchased Food & Gov't Donated Food	11,811.99
2	Value of Purchased Food Received This Month	1,827.00
3	Value of Ending Inventory Purchased Food & Gov't Donated Food	10,406.00
5	Value of Government Donated Food Received This Month	0.00
7	Value of Beginning Inventory Non-Food Supplies	290.33
8	Value of Non-Food Supplies Received This Month	154.35
9	Value of Ending Inventory Non-Food Supplies	267.41
10	Value of Preparation and Serving Equipment	
11	Value of Food Service Automotive Equipment	

Labor and Other Costs Report		
1	Food Service Direct Labor Costs	4,166.53
2	All Fringe Benefits Except Retirement and Worker's Comp	1,084.19
3	Total Number of Food Service Labor Hours Used This Month	407.67
4	Cost of Purchased Services	37.39
5	Cost of Food Sold to Other Functions	
6	Cost of Labor for Other Functions	
7	Cost of Non-Food Supplies Sold to Other Functions	
8	Food Service Fund Beginning Cash Balance	
9	Other Incomes (Misc. Receipts Not Reported in Cash Receipts)	310.00
10	Receipts from Other Agencies	

Breakfast Program Data	
Categories	Breakfast
Purchased Food Used	
Supplies Used	
Purchased Services	
Paid Labor	
Fringe Benefits	

R09

Breakfast Labor Hours			
Created By: 047514	Created Date: 6/23/2003	Modified By: 047514	Modified Date: 6/23/2003

Note: Please review this information before submitting this claim.
 Click the Submit button to send this claim to Child Nutrition Services



R010

Fax Cover Sheet



**Western Ohio Computer Organization
129 E. Court St.
Sidney, OH 45365**

**Tele: 937-498-2161
FAX: 937-497-7233**

TO: **Vinson Varughese**
Company Name: Schools and Libraries Division
FAX Number: (973) 599 6522 _____

From Lewis Ivey
Description: Application Sheet

Number of pages (including cover): 3

Date Sent: 10/10/2003

Time Sent: 8:00 a.m.

If there are any problems receiving this transmission, please call: (937)498-2161



Western Ohio Computer Organization, 129 E. Court St., Sidney, OH 45365
(937)498-2161 Fax 937-497-7633) www.woco-k12.org

October 10, 2003

Mr. Vinson Varughese
Program Integrity Assurance Associate
Schools and Libraries Division

RE: Application 350140

Dear Mr. Varughese,

Attached is the form as requested for the Riverdale school district's Application for Free and Reduced Price Meals.

Thank you for your patience in handling this matter. I hope the above will take care of the necessary corrections. If not please call or email me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sonny', written in a cursive style.

Lewis "Sonny" Ivey
Director

APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. Complete a separate application for each foster child. Call the school if you need help.

Print STUDENT INFORMATION.

List each child's FOOD STAMP or OWF case number, if any.

NAME GRADE NAME OF SCHOOL FOOD STAMP NUMBER OR OWF NUMBER

DO NOT USE MEDICAID NUMBER

3 FOSTER CHILD: Check here if the child is a foster child.

List the foster child's monthly personal use income. Write "0" if the child has no personal use income.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or OWF case number for each child, skip to PART 5.

MONTHLY INCOME CONVERSION WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

Table with 5 columns: NAMES OF HOUSEHOLD MEMBERS, Gross MONTHLY Earnings (Before Deductions), MONTHLY Welfare Payments, Child Support, Alimony, MONTHLY Payments from Pensions, Retirement, Social Security, Any Other MONTHLY Income. Includes sub-columns for JOB 1 and JOB 2.

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income or Food Stamp/OWF numbers are accurate. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Household Member (required) and Social Security Number fields.

PRINTED NAME HOME TELEPHONE NO. WORK TELEPHONE NO.

STREET/APT. NO. CITY/STATE/ZIP DATE

6 RACE: Please check the racial or ethnic identity of your child(ren). You are not required to answer this question. Native Hawaiian or other Pacific Islander White Black or African-American Asian American Indian/Alaskan Native Hispanic or Latino Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's food stamp or OWF case number is provided, you must include the Social Security Number of the adult household member signing the application or indicate that the household member does not have a Social Security Number.

FOR SCHOOL USE ONLY DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION WEEKLY X 4.33 EVERY 2 WEEKS X 2.15 TWICE A MONTH X 2

TOTAL HOUSEHOLD SIZE MONTHLY INCOME FOOD STAMP OWF

ELIGIBILITY DETERMINATION: APPROVED FREE APPROVED REDUCED PRICE DENIED TEMPORARY UNTIL UNTIL

REASON FOR DENIAL: INCOME TOO HIGH INCOMPLETE APPLICATION OTHER

CHANGE IN STATUS REASON DATE WITHDRAWN DATE

SIGNATURE OF DETERMINING OFFICIAL DATE

DATE VERIFICATION NOTICE SENT RESPONSE DUE FROM HOUSEHOLD SECOND NOTICE SENT

VERIFICATION RESULT: NO CHANGE FREE TO REDUCED PRICE FREE TO PAID REDUCED PRICE TO FREE REDUCED PRICE TO PAID

REASON FOR ELIGIBILITY CHANGE: INCOME HOUSEHOLD SIZE REFUSED TO COOPERATE OTHER

CHANGE IN FOOD STAMP/OWF

DATE "NOTICE OF CHANGE" SENT TO PARENT/GUARDIAN

SIGNATURE OF VERIFYING OFFICIAL DATE

Fax Cover Sheet



**Western Ohio Computer Organization
129 E. Court St.
Sidney, OH 45365**

**Tele: 937-498-2161
FAX: 937-497-7233**

TO: Vinson Varughese
Company Name: Schools and Libraries Division
FAX Number: (973) 599 6522 _____

From: Lewis Ivey _____
Description: Application Sheet

Number of pages (including cover): 8
Date Sent: 10/14/2003
Time Sent: 8:40 a.m.
If there are any problems receiving this transmission, please call: (937)498-2161



**Western Ohio Computer Organization, 129 E. Court St., Sidney, OH 45365
(937)498-2161 Fax:937-497-7633) www.woco-k12.org**

October 14, 2003

Mr. Vinson Varughese
Program Integrity Assurance Associate
Schools and Libraries Division

RE Application 350140

Dear Mr. Varughese;

Attached is the form as requested for the Riverdale school district's Application for Free and Reduced Price Meals

I've also enclosed a copy of the original letter indicating the counts from their buildings

Thank you for your patience in handling this matter. I hope the above will take care of the necessary corrections. If not please call or email me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Ivey', is written over a horizontal line. The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Lewis "Sonny" Ivey
Director

Riverdale Local Schools

Administrative Office
20613 SR 37
Mt. Blanchard, OH 45867
419-694-4994
FAX 419-694-6465

Riverdale High School
20613 SR 37
Mt. Blanchard, OH 45867
419-694-2211
FAX 419-694-6465

Riverdale Elementary/Jr High
311 W Dixon St.
Forest, OH 45843
419-273-2548 419-273-2427
FAX 419-273-3238

Riverdale Elementary
310 S. Main St.
Mt. Blanchard, OH 45867
419-694-2123
FAX 694-5008

10/13/2003

To: WOCO
Attn: Sonny Ivey

Regarding the E-rate information that we were discussing on the phone, you will not have a claims reimbursement form for the middle school. The reason is when I file a claims reimbursement for Forest, it is a combination of Forest Elementary and the middle school. Grades K through 8 at Forest are all fed out of the same cafeteria so we submit it all under the IRN for Forest Elementary (011916). It has been done that way since before I came to Riverdale.

If you have any questions, please call me at 419-694-4994.

Sincerely,



Joeline Ribley
Treasurer

Riverdale Local Schools

Administrative Office
20613 SR 37
Mt. Blanchard, OH 45867
419-694-4994
FAX 419-694-6465

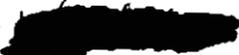
Riverdale High School
20613 SR 37
Mt. Blanchard, OH 45867
419-694-2211
FAX 419-694-6465

Riverdale Elementary/Jr. High
311 W Dixon St.
Forest OH 45843
419-273-2548 419-273-2427
FAX 419-273-3238

Riverdale Elementary
310 S. Main St
Mt. Blanchard, OH 45867
419-694-2123
FAX 694-5008

Middle School

NOTIFICATION LETTER REGARDING SCHOOL MEALS for the 2002-2003 Program Year

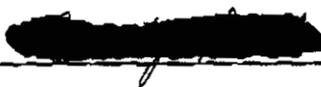
Dear 

Your application for free and reduced-price meals for your child(ren) has been:

- Approved for free meals
- Approved reduced-price meals at 40 cents for lunch
- Temporarily approved for free meals until _____
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application
 - Other _____

APPROVED

Child  Grade 7 J

Child  Grade 6 J

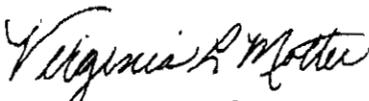
Child _____ Grade _____

Child _____ Grade _____

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official: Dr. Joyce Plummer 20613 SR 37, Mt. Blanchard 419-694-4994

If your child is approved for meal benefits, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases. If you listed a food stamp or OWF case number on your application, you must tell the school when you no longer receive food stamps or OWF funds. You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or become eligible to receive food stamps or OWF funds, fill out an application at that time.

Sincerely,



Virginia L. Motter
Administrative Assistant

10/16/02
Date

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

Name of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or OWF case # (if any)
[REDACTED]	Riverdale Middle	7 th	
[REDACTED]	Riverdale Elem	6 th	

If you listed a Food Stamp/OWF case number for EACH child, skip to Part 4.

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income. \$ _____. Skip to Part 4.

1. Name (List everyone in household)	2. Last month's income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO incom e
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$480/weekly	\$ NA	\$ NA	\$ NA/____	<input type="checkbox"/>
[REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list 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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____
Social Security Number: _____ I do not have a Social Security Number

Mark one or more racial identities.

Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White

Mark one ethnic identity.

Hispanic or Latino Not Hispanic or Latino

Don't fill out this part unless you are a...

1. Date of birth (MM/DD/YYYY) _____

2. Date of immigration to the United States (MM/DD/YYYY) _____

3. Date of naturalization (MM/DD/YYYY) _____

4. Date of permanent residence in the United States (MM/DD/YYYY) _____

5. Date of temporary residence in the United States (MM/DD/YYYY) _____

6. Date of temporary residence in another country (MM/DD/YYYY) _____

7. Date of temporary residence in another country (MM/DD/YYYY) _____

8. Date of temporary residence in another country (MM/DD/YYYY) _____

9. Date of temporary residence in another country (MM/DD/YYYY) _____

10. Date of temporary residence in another country (MM/DD/YYYY) _____

Approval Official's signature: _____

Riverdale Local Schools

Administrative Office
20613 SR 37
Mt. Blanchard, OH 45867
419-694-4994
FAX 419-694-6465

Riverdale High School
20613 SR 37
Mt. Blanchard, OH 45867
419-694-2211
FAX 419-694-6465

Riverdale Elementary/Jr. High
311 W. Dixon St
Forest, OH 45843
419-273-2548 419-273-2427
FAX 419-273-3238

Riverdale Elementary
310 S Main St
Mt. Blanchard, OH 45867
419-694-2123
FAX 694-5008

NOTIFICATION LETTER REGARDING SCHOOL MEALS for the 2002-2003 Program Year

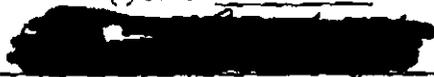
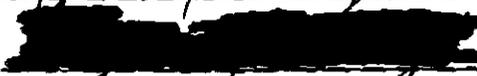
Mount Blanchard

Dear 

Your application for free and reduced-price meals for your child(ren) has been:

- Approved for free meals
- Approved reduced-price meals at 40 cents for lunch
- Temporarily approved for free meals until _____
- Denied for the following reason(s):
 - Income over the allowable amount
 - Incomplete application
 - Other

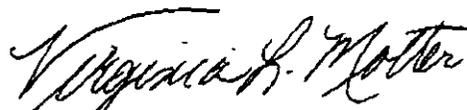
APPROVED

Child 	Grade <u>11</u>	<u>L</u>
Child 	Grade <u>8</u>	<u>J</u>
Child 	Grade <u>5</u>	<u>M</u>
Child _____	Grade _____	_____

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official: **Dr. Joyce Plummer** 20613 SR 37, Mt. Blanchard 419-694-4994

If your child is approved for meal benefits, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases. If you listed a food stamp or OWF case number on your application, you must tell the school when you no longer receive food stamps or OWF funds. You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, have an increase in household size or become eligible to receive food stamps or OWF funds, fill out an application at that time.

Sincerely,


Virginia L. Motter
Administrative Assistant

9/3/02
Date

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or OWF case # (if any)
[REDACTED]	Riverdale High School	11th	
[REDACTED]	Forest Jr. High	8th	
[REDACTED]	Mt. Pleasant Elem.	5th	

If you listed a Food Stamp/OWF case number for EACH child, skip to Part 4.

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.

1. Name (List everyone in household)	2. Last month's income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$900 / week every other	\$211 / week	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ 0 / ____	\$ 0 / ____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ 0 / ____	\$ 0 / ____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ 0 / ____	\$ 0 / ____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
[REDACTED]	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list 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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____
Social Security Number: _____ I do not have a Social Security Number

Mark one or more racial identities:

- Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 White

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

1720
913

2633

reduced

Multi-Child Short

9/3/02

APPROVED

YEAR 6
All DISTRICTS

FCC Form 470

Universal Service Program Description of Services Requested and Certification Form



Entity Number: 155351 Applicant's Form Identifier: WOCO_YR6_DISTRICTS
Contact Person: Lewis Ivey Phone Number: (937)498-2161

FCC Form

Approval by OMB
3060-0806

Do not write in this area

470

Schools and Libraries Universal Service Program Description of Services Requested and Certification Form

Form 470 Application Number: 993030000430939

19. The applicant includes:(Check one or both)

- a. schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U S C Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million, and/or
- b. libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges and universities)

20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. individual technology plans for using the services requested in the application; and/or
- b. higher-level technology plans for using the services requested in the application; or
- c. no technology plan needed, application requests basic local and/or long distance telephone service only.

21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. technology plan(s) has/have been approved by a state or other authorized body.
- b. technology plan(s) will be approved by a state or other authorized body
- c. no technology plan needed, application requests basic local and/or long distance telephone service only

22. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value

23. I recognize that support under this support mechanism is conditional upon the school(s) or library (ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature Cert ID = 12166	26. Date 11/15/2002
27. Printed name of authorized person Lewis Ivey	
28. Title or position of authorized person Director	
29. Telephone number or authorized person: (937) 498-2161	
<p>ATTENTION: If you are signing Form 470 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.</p>	
Please Check to affirm your compliance <input checked="" type="checkbox"/>	

Form 470 Application Number: 993030000430939
Western Ohio Computer Organization
129 E. Court Street
Sidney, OH 45365-

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the "Service Provider Role in Assisting Customers" at www.sl.universalservice.org/vendor/manual/chapter5.doc or call the Client Service Bureau at 1-888-203-8100.

NOTICE Section 54 504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator 47 C F R § 54 504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended 47 U S C § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C F R § 54 504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub L No 104-13, 44 U.S.C § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554

Done

HOME | CANCEL | HELP
.....

FCC Form 470

Universal Service Program Description of Services Requested and Certification Form



Entity Number: 155351
Contact Person: Lewis Ivey

Applicant's Form Identifier: WOCO_YR6_DISTRICTS
Phone Number: 937-498-2161

**Please Record This Form 470 Application Number For Future Reference:
This Number Must Be Used To Complete Your Application,
If You Leave This Process Before The Application Is Completed.**

Form 470 Application#: **993030000430939**

Next >>