

August 1, 2011

Dear Parent/Guardian:

Children need healthy meals to learn. Lakeview Community Schools offers healthy meals every school day.

- Elementary students may buy lunch for \$2.00 and breakfast is free to all enrolled students through the Universal Breakfast Program.
- Middle and high school students may buy lunch for \$2.25 and breakfast for \$1.25 or free to those grades served in the Universal Breakfast Program.
- Your children may qualify for free or reduced price meals. We sell reduced price lunches for \$.40 and breakfasts for \$.30.
- If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make *any substitution prescribed by a licensed physician* at no extra charge. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.
- For further information, please call Carla Cooper 989-352-7221 ext. 2223 or Sara Shriver at 989-352-7221 ext. 2127.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Complete the application to apply for free and reduced price school meals. Use one Free and Reduced Price School Meals Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Sara Shriver, 125 Fifth Street, Lakeview, MI 48850.

2. WHO CAN GET FREE MEALS?

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. CAN FOSTER CHILDREN GET FREE MEALS?

Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?

Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call Sara Shriver 989-352-7221 ext. 2127, homeless liaison or migrant coordinator to see if your child(ren) qualify.

5. WHO CAN GET REDUCED PRICE MEALS?

Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Guidelines.

6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?

Please read the letter you got carefully and follow any instructions if provided. Call the school at 989-352-7221 ext. 2223 if you have questions.

7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You *must* send in a new application unless the school told you that your child is eligible for the new school year.

8. I GET WOMEN, INFANTS, & CHILDREN (WIC). CAN MY CHILD(REN) GET FREE MEALS?

Children in households participating in WIC may be eligible for free or reduced price meals. An application must be filled out by WIC households.

9. WILL THE INFORMATION I GIVE BE VERIFIED?

Yes, we may ask you to send written proof of any information provided on the application.

10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?

Yes. You may apply at any time during the school year if your house-hold size goes up, income goes down, or if you start getting FAP, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

11. 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:  
Kyle Hamlin, Superintendent, Lakeview Community Schools 989-352-7221 ext. 2442 or 123 Fifth Street,  
Lakeview, MI 48850.

12. 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 for free or reduced price meals.

13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses), do not include them.

14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?

If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

16. WHAT IF MY CHILD DOES NOT HAVE HEALTH INSURANCE?

Your children may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply online, go to [www.michigan.gov/michild](http://www.michigan.gov/michild) or call 1-888-988-6300 for help or to request a paper application.

17. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?

No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.

18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?

To find out how to apply for Food Assistance Program (FAP) or other assistance benefits, contact your local assistance office or call 1-800-481-4989.

Sincerely,



**APPLICATION INSTRUCTIONS:**  
 Your children may qualify for free and reduced price school meals if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
*Each additional household member add:	\$7,067	\$589	\$295	\$272	\$136

**IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDPIR, FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
- Part 3: List child(ren)'s name, grade, and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

If you are applying for a homeless, migrant, or runaway child, check the appropriate category and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

**IF YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list grade and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

**FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS: (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)**

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
  - Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You *must* include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.
  - Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.
  - Column 3 - Grade: Fill in the grade for each child attending school.
  - Column 4 - Building Name: Fill in the building name for each child attending school.
- Part 4: **GROSS INCOME:** Use this section to report all income in your household from the previous month: Next to each person's first and last name, list each type of income received last month. *Next to the amount, circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
  - o All persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income."
  - o *Earnings from Work:* List the gross income each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions.* Net income should ONLY be reported for self-owned business, farm, or rental income.
  - o *Welfare, Child Support, and Alimony:* List the amount each person received last month.
  - o *Pensions, Retirement, and Social Security:* List the amount each person received last month.
  - o *All Other Income:* All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and any other income.
- Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number."
- Part 6: Answer this question.

# FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1 -** If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at \_\_\_\_\_  
List the Child's Name, Grade, and Building in Part 3.

**Part 2 -** If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.  
 Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
If a case number is provided only students need to be listed in Part 3.

**Part 3 - Household Names -** List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

Names	Circle Yes if Foster Child	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income		Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
				weekly	twice a month	every 2 weeks	monthly	weekly	twice a month	every 2 weeks	monthly	weekly	twice a month
Example: Jane Doe	Yes			\$0	\$600		\$250						
1	Yes			\$0									
2	Yes			\$0									
3	Yes			\$0									
4	Yes			\$0									
5	Yes			\$0									
6	Yes			\$0									
7	Yes			\$0									
8	Yes			\$0									

**Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)**  
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check 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 sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

**Part 6 - Child's Racial/Ethnic Identity (optional)**

Check One or More Racial Identities:

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

Check One Ethnic Identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number \_\_\_\_\_

The Richard B. Russell School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDP/IR identifier for your child, or 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**VERIFICATION - FOR SCHOOL USE ONLY**

Date Selected for Verification: _____ Confirming Official's Signature: _____ Response Due from Household: _____	Date Follow-up/Second Notice: _____ Follow-up Official's Signature: _____ Verification Official's Signature: _____	Date of Adverse Notice Sent: _____
FAP/FIP/FDPIR/Foster Eligibility: Not confirmed _____ Department of Human Services Notice of Eligibility _____	Income _____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____	Verification Result: Free to Reduced _____ Free to Paid _____ Reduced to Free _____ Reduced to Paid _____ No Change _____
Confirmed: _____ Department of Human Services Notice of Eligibility _____	Reason for Eligibility Change: Income _____ Household Size _____ Refused to Cooperate _____ Other _____	

**APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____ Total Gross Income: \$ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual _____	Reason for Denial: Income Too High _____ Incomplete Application _____ Other (specify) _____
Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)	Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____