

Lakeview Public Schools

20300 STATLER, ST. CLAIR SHORES, MICHIGAN 48081
(586) 445-4000 FAX: (586) 445-4029

August 2009

Dear Parent/Guardian:

Children need healthy meals to learn. Lakeview Public Schools offers healthy meals every school day. Students may buy an elementary lunch for \$2.50, middle & high school lunches for \$3.00 and breakfast for \$1.30. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$ 0.40 and breakfasts for \$ 0.30. Milk is available for \$0.50. 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. For further information, please call Tasha McIntyre at 586.445.4000, ext. 2510. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.

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 house-hold. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the principal's office in any of your child(ren)'s school.
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) and most foster children 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 homeless, runaway, and migrant children get free meals?** Please call Mrs. Christine Brown, Homeless Liaison and Migrant Coordinator at 586.445.4000, ext. 2513, to see if your child(ren) qualify if you have not been informed that they will get free meals.
4. **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 Chart shown on page two of this letter.
5. **Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow any instructions provided. Call Mrs. Tasha McIntyre at 586.445.4000, ext. 2510 if you have questions.
6. **I get 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.
7. **Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
8. **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.
9. **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: Mrs. Tasha McIntyre at 586.445.4000, ext. 2510.
10. **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.
11. **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 relative, or friends), including yourself and all children who live with you.
12. **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.
13. **We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
14. **What if my child does not have health insurance?**
Your children may qualify for low cost or free health insurance through MChild and Healthy Kids Program. To apply online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

Sincerely,


Tasha McIntyre
Director of Business Services

Nondiscrimination and Access to Equal Education Opportunity

It is the policy of the Board that no student in this District shall, on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, sexual orientation, disability, height, weight, and/or any other legally protected characteristic, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in its programs and/or activities.

Application Instructions:

Your children may qualify for free or reduced price 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	\$20,036	\$1,670	\$835	\$771	\$386
2	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For each additional household member add:	\$6,919	\$577*	\$289*	\$267*	\$134*

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: Use a separate application for each foster child. List the child's name, school, and grade.
- 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 choose to.
- Part 7: Answer this question if you choose to.

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

If your entire household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a FAP, FIP, or FDPIR case number.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: If the student is new to the district/school check "Yes." List each student(s) name, school, and grade.
- Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

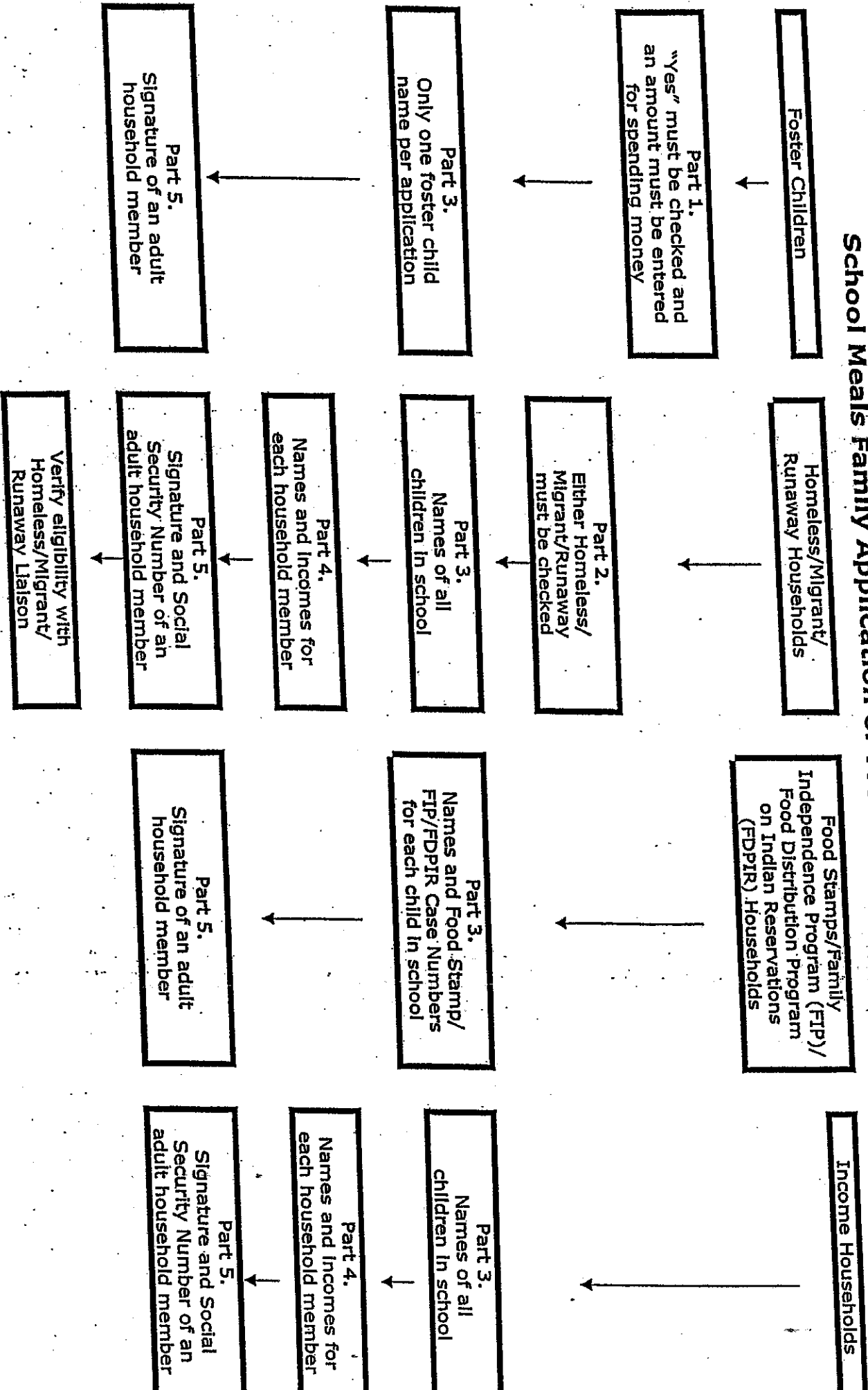
- List the first and last name of each person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Be sure to include all students listed in Part 3. Attach another sheet of paper if you need to.

Column 2- Gross Income:

- 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 **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 **All other income:** List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - o If the person does not have any income, circle "\$0" in the last column "Circle if NO income."

- Part 5: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."
- Part 6: Skip this part.
- Part 7: Answer this question if you choose to.

Required Steps to Complete a Free and Reduced Price School Meals Family Application or Free Milk Family Application



Sharing Information with Other Programs

Dear Parent/Guardian:

Your child may qualify for other programs, based on the information you gave on your Free and Reduced Price School Meals Family Application. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **No child Left Behind**.

- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **[Name of program specific to your school]**.

- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with **[Name of program specific to your school]**.

If you check Yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

- No! **I DO NOT** want information from my Free and Reduced Price School Meals Family Application shared with any of these programs.

If you checked No, stop here. You do not have to complete or send in this form. Your information will not be shared.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call _____ at _____.

Return this form to: **Your Child's School.**

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - Foster Child Yes Child's spending money per month \$ _____. If none available, list \$0.
*Only the foster child's spending money is counted as income on a foster child application.
 Complete a separate application for each foster child.*

Part 2 - Homeless Migrant Runaway
 If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the district/school Homeless Liaison or Migrant Coordinator at: _____

Part 3 - The names of all students in the household in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Assistance Program/Family Independence Program/FDPIR?*	
				If "Yes," you must list a case number.	
Yes				No	Yes- Case#
Yes				No	Yes- Case#
Yes				No	Yes- Case#
Yes				No	Yes- Case#
Yes				No	Yes- Case#
Yes				No	Yes- Case#

**Bridge Card Numbers and Medicaid Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4.
 If you listed a Food Assistance Program/Family Independence Program/FDPIR case number for EACH child, skip to Part 5.*

Part 4- Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

Name - List everyone in the household including students in Part 3.	Earnings from work (before any deductions and taxes)			Welfare, child support, alimony			Pensions, retirement, Social Security			All other income			Circle if NO income
	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	
<i>Example Jane Doe</i>	600	weekly	every 2 weeks		weekly	every 2 weeks	250	weekly	every 2 weeks		weekly	every 2 weeks	\$0
1	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
2	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
3	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
4	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
5	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
6	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
7	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0

Part 5 - Signature and Social Security Number (Adult household member must sign)

If Part 4 is completed, the adult signing the form must also list 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 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 child may lose meal benefits, and I may be prosecuted.

Sign Here: X _____ **Print Name:** _____ **Date:** _____

Adult Social Security Number: _____ I do not have a Social Security Number.

Address _____ **City** _____ **Zip Code** _____ **County** _____

Home Phone _____ **Work Phone** _____ **Email** _____

By providing your e-mail address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Part 6 - Foster Children *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: _____ (optional)

A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

B. The child is a resident of a licensed "Group Foster" home or a residential institution.

Part 7 - 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 nor Latino

Privacy Act Information: Social Security Number

The Richard B. Russell National 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 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 or you list a Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.

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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Verification - This is 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: _____

Sample Selection:
 Standard Basic
 Alternate-Random
 Alternate-Focused

FAP/FIP Eligibility:
 Not Confirmed
 Confirmed:
 Department of Human Services
 Notice of Eligibility

Income
 \$ _____
 Weekly
 Every 2 Weeks
 Twice a Month
 Monthly
 Annual
 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

Reason For Eligibility Change:
 Income
 Household Size
 Refused to Cooperate
 Other _____

Date Adverse Notice Sent: _____
 Verification Official's Signature: _____

Approval/Disapproval - 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

Household Size: _____
 Total Gross Income: \$ _____
 Weekly
 Every 2 Weeks
 Twice a Month
 Monthly
 Annual

Foster Child
 Categorical Eligibility

Reason for Denial:
 Income too High
 Incomplete Application
 Other (specify) _____

Eligibility:
 Free
 Reduced
 Paid

Temporary Free- Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____

Date: _____

Date Dropped/Withdrawn: _____