## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

## Dear Parent/Guardian:

Children need healthy meals to learn. Chippewa Hills School District/St. Michael's offers healthy meals every school day. Breakfast costs: Universal Free for Elementary, \$1.50 for Secondary. Lunch costs: High School/Intermediate/St. Michael's/MOSAIC \$2.50, Elementary \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is .30 for (secondary) breakfast and .40 for Elementary and Secondary lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

## 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from Food Assistance Program (FAP), Food
   Distribution Program on Indian Reservations (FDPIR)] or Family Independence Program
   (FIP), are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME	ETICIBILITY C	HAPT for School	Voor 2017 2018
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Household size	Yearly	Monthly	Weekly
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Each additional person:	\$7,733	\$645	\$149

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Dawn Hawley**, (989) 967-2103.
- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School
  Meals 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: Chippewa Hills School
  District 3226 Arthur Rd. Remus, MI. 49340 Attn: Ronda Snyder, Food Service Manager.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Ronda Snyder (989) 967-2231** immediately.

- 5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <a href="www.lunchapp.com">www.lunchapp.com</a> to begin or to learn more about the online application process. Contact Ronda Snyder (989) 967-2231 if you have any questions about the online application.
- 6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through Oct. 11, 2017. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
- 7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. IF I DON'T 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.
- 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: Patti Olson, Food Service Director
  (989) 967-2014.
- 11. MAY I APPLY IF SOMEONE IN MY HOUSEHOULD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 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.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 14. WE ARE IN THE MILITARY, DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
- 16. 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 **1-855-275-6424**.

If you have other questions or need help, call Ronda Snyder, Food Service Manager (989) 967-2231.

Sincerely,

Ronda Snyder, Food Service Manager Chippewa Hills School District

## 2017-2018 Household Application for Free and Reduced Price School Meals

www.lunchapp.com

Today's date

	tion per household. Please use a pen (		iuc	cu i i			Wice	ui3			•			41101	iap	pico	•••						
Definition of <b>Household</b>	Child's First Name	1	MI	Child's	s Last Na	ıme											Grad	е	Stud Yes	dent? No		Foster Child	
<b>Member</b> : "Anyone who is living with you and shares																							
income and expenses, even if not related."																				П	pply		
Children in <b>Foster care</b> and children who meet the																					all that apply		
definition of Homeless, Migrant or Runaway are																				Ш	Check all	L	
eligible for free meals. Read How to Apply for Free and																					ပ်		
Reduced Price School Meals for more information.																							
STEP 2 Do any h	Household Members (including you) curre	ntly participat	o in	one or i	more of th	he follow	ina se	ecieta	nce ni	roara	me: SI	JAD	TAN	E or l	EDDIE	22							
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	If NO > Go to STEP 3. If YI	ES > Write a c	case	number	here then	go to STE	EP 4 <u>(</u> D	o <u>not (</u>	comple	ete ST	EP 3)		Cas	e Num	ber:								
				101														Writ	e only	one ca	se num	nber in	this spac
STEP 3 Report Ir	ncome for ALL Household Members (Skip th	is step if you ar	ıswe	red 'Ye	s' to STEP	(2)																	
	A. Child Income											Child	income		Weel		ow ofter ekly 2x N	n? Month Monti	hly				
	Sometimes children in the household earn or I Household Members listed in STEP 1 here.	eceive income. F	Please	e include	the TOTAL	L income	receive	d by al	II		\$					) (	) (		)				
Are you unsure what income to include here? Flip the page and review	B. All Adult Household Members (incl List all Household Members not listed in STEF for each source in whole dollars (no cents) onl	P 1 (including you y. If they do not r	irself) receiv			source, w		If you	enter '( c Assistar	O' or le		field		ık, you			(promi		at there		incom		eport.
the charts titled "Sources of Income" for more	Name of Adult Household Members (First and Last)	Earnings from V	Vork	Weekly	Bi-Weekly 2x	Month Month			Support/	Alimony	Weekl	y Bi-W	/eekly	2x Month	Monthly			er Income		Weekly	Bi-Weel	kly 2x M	onth Monti
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you with the All Adult Household Members section.		\$		0	0 (	O C	)	\$			0	) (	)	0	0	\$				0	0	C	) (
	Total Household Members (Children and Adults)	Last Four Digit Primary Wage						Х	Х	Х	хх					Che	ck if no	SSN					
STEP 4 Contact	information and adult simple was Obines	Lilla Caba	-LD	induint 0	OOC Author	D.d. D		Mich	.:	40040													
	information and adult signature. <u>Chippe</u>																						
,	ation on this application is true and that all income is report y lose meal benefits, and I may be prosecuted under appli				on is given in	connection	with the	receipt	t of Fede	eral fund	ds, and th	nat sch	nool of	icials ma	ay verif	(check	) the info	ormation.	l am av	vare tha	ıt if I pu	irposely	give
Street Address (if available)	Apt #	City				St	ate		Zip				Dayt	ime Ph	one a	nd Ema	il (opti	onal)					

Signature of adult

Printed name of adult signing the form

Sources of Income for Children					
Sources of Child Income	Example(s)				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages				
Social Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>				
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust				

Sources of Income for Adults					
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income			
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local government     Alimony payments     Child support payments     Veteran's benefits     Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments			

OPTIONAL	Children's Racial and Ethnic Identities
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OPTIONAL	Children's Racial and Ethnic Identities	
	d to ask for information about your children's race and ethnicity. This information is optional and does not affect your children's eligibility for fre	rmation is important and helps to make sure we are fully serving our community. se or reduced price meals.
Ethnicity (check Race (check on	American Indian or Alcolon Native Acian	Black or African American
not have to give the meals. You must incisigns the application behalf of a foster chassistance for Need (FDPIR) case numb member signing the determine if your chall the lunch and break nutrition programs to program reviews, and policies, the US administering USD/	Issell National School Lunch Act requires the information on this application. You do a information, but if you do not, we cannot approve your child for free or reduced price clude the last four digits of the social security number of the adult household member who in The last four digits of the social security number is not required when you apply on notice of the social security number is not required when you apply on notice of the social security number is not required when you apply on notice of the social security number is not required when you apply on notice of the social security number of the social notice of the social security number. We will use your information to not it is eligible for free or reduced price meals, and for administration and enforcement of the state programs. We MAY share your eligibility information with education, health, and to help them evaluate, fund, or determine benefits for their programs, auditors for and law enforcement officials to help them look into violations of program rules.  Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations SDA, its Agencies, offices, and employees, and institutions participating in or A programs are prohibited from discriminating based on race, color, national origin, sex, eprisal or retaliation for prior civil rights activity in any program or activity conducted or	Persons with disabilities who require alternative means of communication for program information (e.g. Braille large print, audiotape, 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. Additionally, 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, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:  mail:  U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410  fax: (202) 690-7442; or  email: program.intake@usda.gov.  This institution is an equal opportunity provider.
Do not fill ou	For School Use Only	
Annual Income	Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Mont	thly x 12 Eligibility:

**Total Income Household Size** Weekly Bi-Weekly 2x Month Monthly Free Reduced Denied Categorical Eligibility Date Confirming Official's Signature Date Verifying Official's Signature Date **Determining Official's Signature**