

Dear Parent/Guardian:

Children need healthy meals to learn. Farmington Schools offer healthy meals every school day. Students may buy lunch Elementary \$2.60 and Middle and High Schools \$2.85-\$3.35 (depending on items) and breakfast for \$1.25 elementary/\$1.50 Middle & High Schools. Your children may qualify for free meals or for 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 248-489-3717.

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 your child'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 the homeless liaison or migrant coordinator 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.
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 if provided. Call 248-489-3717 if you have questions.
6. **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 you have received a letter as stated in #5.
7. **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.
8. **Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
9. **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.
10. **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: Mary Rodriguez-Keuhn, 25000 Middlebelt Rd., Farmington Hills, MI 48336 (248-489-3717).
11. **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.
12. **Who should I include as members of my household?** You must include all people living in your household and their income, related or not (such as grandparents, other relative, or friends), including yourself and all children who live with you.
13. **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.
14. **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.
15. **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 or call 1-888-988-6300 for help or to request a paper application.
16. **My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
17. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 1-800-481-4989.

Sincerely, *Mary Rodriguez-Keuhn*

Application Instructions

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: Skip this part.
- Part 4: **Use a separate application for each foster child.** List the child's name, school, and grade. Do not list other household members. A foster child is considered a household of one.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.
- Part 8: 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 anyone in your 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: Answer the question by circling either YES or NO. If you circle YES, you must list a case number in the space provided for the specific program.
- Part 4: Fill out with only the student's names, grades and schools in your household. Filling in non-student names is not necessary.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.

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

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part if it was not applicable to your household.
- Part 4: Follow these instructions to report **all** household members:
- Column 1 - Name:** 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 students. Attach another sheet of paper if needed.
 - Column 2 – Grade:** Fill in the grade of each student in your household.
 - Column 3 – School Name:** Fill in the school name each student in your household is attending.
- Part 5: Gross Income: Use this section to report all income in your household from the previous month:
For all household members (including students, young children, grandparents, relatives, etc) that are not receiving any income, **circle the \$0 indicating NO income for that person.**
- o 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 next column. List the amount each person got last month from pensions, retirement, and Social Security in the respective column. List All Other Income sources in the last 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.
- Part 6: 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 7: Skip this part.
- Part 8: Answer this question if you choose to.

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 list the foster child's name, grade and school in Part 4.**
 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 **Only list the child's name, grade and school in Part 4.**
 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 _____

Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)
 If yes, you **MUST** list a case number - Food Assistance Program # _____ Family Independence Program # _____ FDPIR # _____
 * Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you.			Part 5 - Total Household Gross Incomes Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6.													
Names (Last, First)	Grade <small>(if applicable)</small>	Building Name <small>(if applicable)</small>	Circle if NO Income	Earnings from Work <small>(before any deductions and taxes)</small>		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income						
				weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks			
Example: Doe, Jane			\$0	\$600	monthly			\$250	monthly							
1			\$0		weekly	every 2 weeks				weekly	every 2 weeks				weekly	every 2 weeks
2			\$0		twice a month	monthly				twice a month	monthly				twice a month	monthly
3			\$0		weekly	every 2 weeks				weekly	every 2 weeks				weekly	every 2 weeks
4			\$0		twice a month	monthly				twice a month	monthly				twice a month	monthly
5			\$0		weekly	every 2 weeks				weekly	every 2 weeks				weekly	every 2 weeks
6			\$0		twice a month	monthly				twice a month	monthly				twice a month	monthly
7			\$0		weekly	every 2 weeks				weekly	every 2 weeks				weekly	every 2 weeks
			\$0		twice a month	monthly				twice a month	monthly				twice a month	monthly

Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)
 If Part 5 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 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/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via e-mail of your eligibility for free and reduced price school meals.

Part 7 - 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, an extension of the welfare agency or court.

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

Part 8 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

- | | |
|---|-------------|
| _____ American Indian or Alaskan Native | _____ Asian |
| _____ Black or African American | _____ White |
| _____ Native Hawaiian or Other Pacific Islander | _____ 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 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 - FOR SCHOOL USE ONLY

Date Selected for Verification: _____

Confirming Officials Signature: _____

Date Follow-up/Second Notice: _____

Response Due from Household: _____

Follow-up Officials Signature: _____

FAP/FIP Eligibility:

- _____ Not confirmed
 Confirmed:
 _____ Department of Human Services
 _____ Notice of Eligibility

Income

- | | |
|---------------------|--------------------------|
| \$ _____ | _____ Wage Stubs |
| _____ Weekly | _____ Written Documents |
| _____ Every 2 weeks | _____ Collateral Contact |
| _____ Twice a month | _____ Agency Records |
| _____ Monthly | _____ Other _____ |
| _____ Annual | |

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 of Adverse Notice Sent:

Verification Official's Signature:

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

- _____ Foster Child
 _____ Categorical Eligibility

Eligibility:

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

Reason for Denial:

- _____ Income Too High
 _____ Incomplete Application
 _____ Other (specify) _____

Determining Official's Signature: _____

Date: _____

Date Dropped/Withdrawn: _____

Farmington Public Schools

Sharing Information with Other Programs for Current School Year Only

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

- Internal statistical research and scholarship consideration
- Athletics programs
- Summer School Programs
- Educational Testing (SAT, ACT, AP, etc.)
- Charitable Organizations: Please name _____
- Other Please name _____

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: _____

Return this form to: Nutrition Services Dept., 25000 Middlebelt Rd., Farmington Hills, MI 48336

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."