

Dear Parent/Guardian:

Children need healthy meals to learn. Anchor Bay School District offers healthy meals every school day. Students may buy lunch for \$2.25 at high school/middle schools, \$2.00 at elementary schools and breakfast for \$1.00. 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. For further information, please call Charlene Pizzimenti at 586 598 7663. 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 household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Charlene Pizzimenti, Food Service Director, c/o Anchor Bay Middle School South, 48650 Sugarbush, New Baltimore, MI 48047 Phone: 586 598 7663 or you may return the completed application to your student'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 Kathy Kropf at 586 228 3490, 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 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 if provided. Call the Food Service Office at 598 7663 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 household 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: Mr. Kyle Anderson, Director of Business Services, Anchor Bay Administration Office, 5201 County Line, Casco, MI 48064. Phone: 586 725-2861.
- 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 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.

*Charlene Pizzimenti,
Food Service Director*

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).*
 - *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.
 - *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.
 - 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.

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: 586 228 3490.

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.	
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> Yes- Case# _____
<input type="checkbox"/> Yes				<input type="checkbox"/> No	<input type="checkbox"/> 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	
Example Jane Doe	600	twice a month	monthly		twice a month	monthly	250	twice a month	monthly		twice a month	monthly	\$0
1	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
2	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
3	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
4	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$0
5	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$	weekly	every 2 weeks	\$0
6	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$	twice a month	monthly	\$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
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Home Phone	Work Phone	Email <small>By providing your e-mail address you may be notified via e-mail of your eligibility for free and reduced price school meals.</small>
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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 ___ Asian ___ Black or African American ___ White ___ Native Hawaiian or Other Pacific Islander ___ Other	Check one ethnic identity: ___ Hispanic or Latino ___ Neither Hispanic nor Latino
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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
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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
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Reason For Eligibility Change: ___ Income ___ Household Size ___ Refused to Cooperate ___ Other _____	Date Adverse Notice Sent: _____ Verification Official's Signature: _____
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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	<input type="checkbox"/> Foster Child <input type="checkbox"/> Categorical Eligibility	Reason for Denial: <input type="checkbox"/> Income too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____
	Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid <input type="checkbox"/> Temporary Free- Time Period: _____ (expires after _____ days)	
Determining Official's Signature: _____ Date: _____		Date Dropped/Withdrawn: _____