

Dear Parent/Guardian:

Children need healthy meals to learn. _____ School(s) offers healthy meals every school day. Students may buy lunch for \$_____ and breakfast for \$_____. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$_____ and breakfasts for \$_____. 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 doctor at no extra charge. For further information, please call _____. The doctor'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: _____
(Name, Address, and Phone Number)
2. **Who can get free meals?** Children in households getting Food Stamps, FIP, or 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 _____, 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 Chart shown on this application.
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 the instructions. Call the school at _____ if you have questions.
(Phone Number)
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. Please fill out an application.
7. **Will the information I give be checked?** Yes, we may ask you to send written proof.
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 Food Stamps, 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: _____
(Name)

(Address and Phone Number)
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). You must include 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 Military 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 On-line, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

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	\$19,240	\$1,604	\$802	\$740	\$370
2	\$25,900	\$2,159	\$1,080	\$997	\$499
3	\$32,560	\$2,714	\$1,357	\$1,253	\$627
4	\$39,220	\$3,269	\$1,635	\$1,509	\$755
5	\$45,880	\$3,824	\$1,912	\$1,765	\$883
6	\$52,540	\$4,379	\$2,190	\$2,021	\$1,011
7	\$59,200	\$4,934	\$2,467	\$2,277	\$1,139
8	\$65,860	\$5,489	\$2,745	\$2,534	\$1,267
For each additional household member add:	\$6,660	\$555*	\$278*	\$257*	\$129*

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 Stamps, FIP, or 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 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 other week, 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 "NO" 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

Use a separate application for each foster child.

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.

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 children in the household in school or the name of ONE Foster Child in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____

If you listed a Food Stamp/FIP/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 listed in Part 3	Earnings from work (Before taxes)		Welfare, child support, alimony		Pensions, retirement, Social Security		All other income		Circle if NO income
	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	Weekly <small>Every 2 weeks</small>	Twice a Month <small>Monthly</small>	
<i>Example Jane Doe</i>	\$100	Weekly	\$500	Monthly			\$		NO
1	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>			\$	Weekly <small>Every 2 weeks</small>	NO
2	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>			\$	Weekly <small>Every 2 weeks</small>	NO
3	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>			\$	Weekly <small>Every 2 weeks</small>	NO
4	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>			\$	Weekly <small>Every 2 weeks</small>	NO
5	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>			\$	Weekly <small>Every 2 weeks</small>	NO
6	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>			\$	Weekly <small>Every 2 weeks</small>	NO
7	\$	Weekly <small>Every 2 weeks</small>	\$	Weekly <small>Every 2 weeks</small>			\$	Weekly <small>Every 2 weeks</small>	NO

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	E-mail(optional)	

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: Check one ethnic identity:
 American Indian or Alaskan Native Asian Hispanic or Latino
 Black or African American White Neither Hispanic nor Latino
 Native Hawaiian or Other Pacific Islander Other

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 Food Stamp 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 discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to 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.

<i>Verification - This is for school use only.</i>		
Date Selected for Verification: _____	Sample Selection:	
Response Due from Household: _____	<input type="checkbox"/> Basic	<input type="checkbox"/> Random
Second Notice Sent: _____	<input type="checkbox"/> Focused	
Food Stamp/FIP Eligibility: <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Food Stamp Office <input type="checkbox"/> Notice of Eligibility	Income \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contact <input type="checkbox"/> Agency Records <input type="checkbox"/> Other _____	Verification Result: <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change
Confirming Official's Signature: _____ Date: _____		Reason For Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____
Follow-up Official's Signature: _____ Date: _____		
Date Adverse Notice Sent: _____		

<i>Approval/Disapproval - This is for school use only.</i>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____	Total Gross Income: \$ _____
Week _____, Every 2 Weeks _____, Twice a Month _____, Month _____, Annual _____	
Foster Child: _____	Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____
Temporary Free _____ Time Period: _____ (expires after _____ days)	
Reason for Denial: _____ Income too High _____ Incomplete Application _____ Other (specify) _____	
Determining Official's Signature: _____	Date: _____ Date Withdrawn: _____

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 _____.
[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]

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:

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 to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Date: _____

Dear Parent or Guardian:

Your Free and Reduced Price School Meals Family Application or Free Milk Family Application has been evaluated.

Name of Student	Grade	School

APPROVED

- Free Lunch
- Free Breakfast
- Free Afterschool Snack
- Reduced Price Lunch Your cost: _____ cents per Lunch
- Reduced Price Breakfast Your cost: _____ cents per Breakfast
- Reduced Price Snack Your cost: _____ cents per Snack
- Free Milk

DISAPPROVED

- Total household income exceeds published income limits.

INCOMPLETE

- Income by source is not listed. Please send corrected copy.
- Names of all household members are missing or not listed. Please send corrected copy.
- Signature of primary wage earner or adult is missing. Please send corrected copy.
- Social security number of adult who signed the application is missing.
- Other (specify): _____

You may apply at any time during the school year. If you wish to review the decision further, you have a right to a fair hearing. This may be done by calling or writing the following official:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

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