



NEW LOTHROP AREA PUBLIC SCHOOLS

NEW LOTHROP, MI 48460

Dear Parent/Guardian:

Children need healthy meals to learn. **New Lothrop Area Public Schools** offers healthy meals every school day. Breakfast costs are; **Elementary - \$1.25 and High School - \$1.50** and lunch costs are **Elementary - \$2.00 and High School - \$2.25**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.030** for breakfast and **\$0.40** for 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.

2. **A. Scale for Free Meals**

B. Scale for Reduced Price Meals

Total Family Size	A. Scale for Free Meals					B. Scale for Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$15,301	\$1,276	\$638	\$589	\$295	\$21,775	\$1,815	\$908	\$838	\$419
2	\$20,709	\$1,726	\$863	\$797	\$399	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$26,117	\$2,177	\$1,089	\$1,005	\$503	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$31,525	\$2,628	\$1,314	\$1,213	\$607	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$36,933	\$3,078	\$1,539	\$1,421	\$711	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$42,341	\$3,529	\$1,765	\$1,629	\$815	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$47,749	\$3,980	\$1,990	\$1,837	\$919	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
↻	\$5,408*	\$451*	\$226*	\$208*	\$104*	\$7,696*	\$642*	\$321*	\$296*	\$148*

*For each additional family member add

3. 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 **Anthony Berthiaume, 638-5091 ext. 2225 or ABerthiaume@newlothrop.k12.mi.us**.
4. 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: **Valerie**

Baker, Food Service – P.O. Box 339 – New Lothrop, MI 48460 – For questions call her at 810-638-5054 ext. 2289.

5. 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 **Valerie Baker – 810-638-5054 ext. 2289** immediately.
6. CAN I APPLY ONLINE? **YES!** The online application has the same requirements and will ask you for the same information as the paper application. If you already know your food service login go to **newlothrop.k12.mi.us**. If you need a food service login, contact: **Valerie Baker 810-638-5054 ext. 2289**.
7. 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. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. 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.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
10. 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.
11. 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: **Anthony Berthiaume, Superintendent of schools – P.O. Box 339 – New Lothrop 48460 – 810-638-5091 – ABerthiaume@newlothrop.k12.mi.us**
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD 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.
13. 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.
14. 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 also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. 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, or receive Family Subsistence Supplemental Allowance payments, 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.
16. 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.
17. 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**.

Sincerely,

**Valerie Baker, Food Service Director
New Lothrop Area Public Schools
New Lothrop, MI 48460
(810) 638-5054 Ext. 2289**

2015-2016 Application for Free and Reduced Price School Meals
 Complete one application per household. Please use a pen (not a pencil).

Approval Date: _____

Approved for F R D

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	M.I.	Child's Last Name	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? Circle one: Yes / No

Case Number: _____
 Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/ Child Support/Alimony		Pensions/Retirement/ All Other Income		Child income	
	Weekly	Bt-Weekly / 2x Month	Monthly	Monthly	Weekly	Bt-Weekly / 2x Month	Monthly	Monthly
	\$		\$				\$	
	\$		\$				\$	
	\$		\$				\$	
	\$		\$				\$	
	\$		\$				\$	

B. All Adult Household Members (Including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/ Child Support/Alimony		Pensions/Retirement/ All Other Income	
	Weekly	Bt-Weekly / 2x Month	Monthly	Monthly	Weekly	Bt-Weekly / 2x Month
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

STEP 4 Contact information and adult signature

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member Check if no SSN

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's date _____

* I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assurances 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.

Verification

For School Use Only

Date Selected for Verification:

Date Follow-up/Second Notice:

Date of Adverse Notice Sent:

Confirming Officials Signature:

Follow-up Official's Signature:

Response Due from Household:

Verification Official's Signature:

FAP/IFP/FDPIR/Foster Eligibility	Income		Verification Results		Reason for Eligibility Change
	Income	Frequency	Wage Stubs	Free to Reduced	
Confirmed:	Not confirmed	\$ _____	Weekly	Free to Reduced	Income
	Department of Human Services	Every 2 weeks	Written Documents Collateral Contact	Free to Paid	Household Size
	Notice of Eligibility	Twice a month	Agency Records	Reduced to Free	Refused to Cooperate
		Monthly	Other _____	Reduced to Paid	Other _____
		Annual		No Change	

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Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____