

Dear Parent/Guardian:

Children need healthy meals to learn. \_\_\_South Lake Schools offer healthy meals every school day. Students may buy lunch for \$ 2.95 @ high School, \$2.80 @ middle school, \$2.50 @ elementary schools and breakfast for \$1.35\_\_\_. 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 doctor** at no extra charge. For further information, please call Cathy Clarke (586) 435-1435. The doctor's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.

**YOU CAN APPLY ON LINE IF YOU WISH AT WWW.LUNCHAPP.COM.**

**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: School Secretary or Ms. Cathy Clarke, South Lake High School, 21900 E. 9 Mile, St. Clair Shores, MI 48080.

**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 price 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 Ms. Toni Kasander, (586) 435-1611, 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 (586) 435-1660 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. 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: \_Pamela Hercula, Director of Business Affairs, South Lake Schools, 23101 Stadium Blvd., St. Clair Shores, MI 48080, (586) 435-1661.

**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](http://www.michigan.gov/michild) or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

Pamela M. Hercula  
Director of Business Affairs

**Application Instructions:**

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

**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. 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 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.

**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. 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).

- Earning 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.

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	\$1,137
	\$ 6,919*	\$ 577*	\$ 289*	\$ 267*	\$ 134*

\*For each additional household member add:

### Free and Reduced Price School Meals Family Application

Part 1 - Foster Child  YES Child's spending per month \$\_\_\_\_\_ If none available, list \$0.

#### Use 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 Homeless or Migrant Coordinator at (586) 435-1611

Part 3 – Children in School (Use separate application for each foster child)

New Student	Student's Name	School	Grade	Does your child receive food stamps/FIP/FDPIR? If "YES", you must list case number.*
<input type="checkbox"/> Yes				_ No _ Yes
<input type="checkbox"/> Yes				_ No _ Yes
<input type="checkbox"/> Yes				_ No _ Yes
<input type="checkbox"/> Yes				_ No _ Yes
<input type="checkbox"/> Yes				_ No _ 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. Gross Income – Example: \$100/month, \$100/twice a month, \$100/every 2 weeks, \$100/week

Name(List everyone in household)	Earnings from work (Before taxes)			Welfare, child support, alimony			Pensions, retirement, Social Security			All other income/frequency		Circle if NO income	
	\$100	Weekly	Twice a month	\$500	Weekly	Twice a month	Weekly	Twice a month	Weekly	Twice a month			
<b>Example: Jane Doe</b>												NO	
		Every 2 weeks	Monthly		Every 2 weeks	Monthly		Every 2 weeks	Monthly		Every 2 weeks	Monthly	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 \_\_\_\_\_ DATE: \_\_\_\_\_**

**Print Name \_\_\_\_\_**

**\*Adult Social Security Number: \_\_\_\_\_  I do not have a Social Security Number**

Address	City	Zip Code	County
Home Phone	Work Phone		

**Do not fill out this part. 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: \$	Week, 2 Week, 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:		

OVER

SM-4458-C Rev 10/05

**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.  
 \*\*Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.

**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

**Privacy Act Information: Social Security Number**  
 The Richard B. Russel National 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. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals and for administration and enforcement. 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 for violations of program rules. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

**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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Verification- FOR SCHOOL USE ONLY		
Date Selected for Verification: _____ Response Due from Household: _____ Second Notice Sent: _____	SAMPLE SELECTION: _____ 100% ____ Focused      _____ Random      _____ Other	
FOOD STAMP/FIP ELIGIBILITY: ____ Not Confirmed Confirmed: ____ Food Stamp Office ____ Notice of Eligibility ____ ATP Card issued monthly	INCOME: \$ _____ ____ Monthly      _____ Yearly ____ Wage Stubs ____ Written Documents ____ Collateral Contact ____ Agency Records ____ Other	VERIFICATION RESULT: ____ Free to Reduced ____ Free to Paid ____ Reduced to Free ____ No Change
Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____ DATE ADVERSE NOTICE SENT: _____	REASON FOR ELIGIBILITY CHANGE: ____ Income ____ Household Size ____ Refused to Cooperate ____ Other _____	