

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Midland Public Schools** offers healthy meals every school day. Breakfast costs **\$1.40 for elementary and \$1.90 for Middle and High School**; lunch costs **\$2.30 for elementary and start at \$2.50 for Middle and High School**. **Your children may qualify for free meals or for reduced price meals**. Reduced price is **\$.30** for breakfast and **\$.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.

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2015-2016 | | | |
|--|----------|---------|---------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$21,775 | \$1,815 | \$419 |
| 2 | \$29,471 | \$2,456 | \$567 |
| 3 | \$37,167 | \$3,098 | \$715 |
| 4 | \$44,863 | \$3,739 | \$863 |
| 5 | \$52,559 | \$4,380 | \$1,011 |
| 6 | \$60,255 | \$5,022 | \$1,159 |
| 7 | \$67,951 | \$5,663 | \$1,307 |
| 8 | \$75,647 | \$6,304 | \$1,455 |
| Each additional person: | \$7,696 | \$642 | \$148 |

2. 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 **Brian Brutyn, Associate Superintendent, 989-923-5018**.
3. 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: **Food Services, 600 E. Carpenter St. Midland Mi 48640, 989-923-6841, foodservices@midlandps.org**
4. 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 **Food Services, 600 E. Carpenter St. Midland Mi 48640, 989-923-6841, foodservices@midlandps.org** immediately.

5. **CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://fs.mps.k12.mi.us/Login.aspx> to begin or to learn more about the online application process. Contact Food Services, 600 E. Carpenter St. Midland Mi 48640, 989-923-6841 foodservices@midlandps.org if you have any questions about the online application.**
6. 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.
7. 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.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. 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.
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: **Food Services, 600 E. Carpenter St. Midland Mi 48640, 989-923-6841 foodservices@midlandps.org**
11. 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.
12. 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.
13. 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.
14. 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.
15. 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. Contact **Food Services, 600 E. Carpenter St. Midland Mi 48640, 989-923-6841, foodservices@midlandps.org** to receive a second application.
16. 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**.

If you have other questions or need help, call **989-923-6841**.

Sincerely,

Tina Malzahn

Director of Dining Services

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Application for Free and Reduced Price School Meals, your child may qualify for other programs. 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 Application for Free and Reduced Price School Meals with Athletic Department. (HIGH SCHOOL ONLY).
- Yes! **I DO** want school officials to share information from my Application for Free and Reduced Price School Meals with School Administration for Student Activity Fees.
- Yes! **I DO** want school officials to share information from my Application for Free and Reduced Price School Meals with Administration for Summer School Fees.

If you check "Yes" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you checked.

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 Food Services at 989-923-6841.

Return this form to: *Your student's school or the MPS Food Service Office.*

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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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)

| <p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</p> | Child's First Name | MI | Child's Last Name | Student? Yes | No | School Name: | Homeless, Migrant, Runaway |
|---|----------------------|----------------------|----------------------|--------------------------|--------------------------|----------------------|----------------------------|
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |

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

If you answered **NO** → Go to Step 3 and complete. If you answered **YES** → Write a case number here then go to **STEP 4 (Do not complete STEP 3)** **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)

Please read **How to Apply for Free and Reduced Price School Meals** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

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.

Child income: \$ How often? Weekly Bi-Weekly 2x Month 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 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 | How often? | | | | Public Assistance/ Child Support/Alimony | How often? | | | | Pensions/Retirement/ All Other Income | How often? | | | |
|--|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly | | Weekly | Bi-Weekly | 2x Month | Monthly |
| <input type="text"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| <input type="text"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

STEP 4 Contact information and adult signature

"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."

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

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.

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 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.

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

Verification

For School Use Only

| | | | | | |
|---------------------------------|----------------------|------------------------------------|----------------------|------------------------------|----------------------|
| Date Selected for Verification: | <input type="text"/> | Date Follow-up/Second Notice: | <input type="text"/> | Date of Adverse Notice Sent: | <input type="text"/> |
| Confirming Officials Signature: | <input type="text"/> | Follow-up Official's Signature: | <input type="text"/> | | <input type="text"/> |
| Response Due from Household: | <input type="text"/> | Verification Official's Signature: | <input type="text"/> | | |

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

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