



August, 2010

Dear Parent or Guardian:

The Van Buren Public Schools offers healthy meals every school day. Students may buy lunch for \$2.75 (elementary) and \$3.00 (secondary) and breakfast for \$1.25. If a doctor has determined that your child has a handicap and the handicap would prevent the child from eating the regular school meal, the school will make ***any substitutions prescribed by a doctor*** at no extra charge. For further information, contact (734) 697-0011. The physician's statement, including prescribed diet and/or substitutes, must be submitted to the Food Service department at your school.

Students may qualify for free or reduced meals. If you receive Food Stamps or F.I.P. for your child, the child qualifies for free meals. We sell reduced price breakfast at \$.30, and lunch at \$.40.

For your child to get free/reduced price meals, you must complete the attached application and return it to the school. ***Use one Free and Reduced Price School Meals Family Application for all students in your household. Please note, when applying for Foster Children, only one child per application. We cannot process applications that are not complete. Instructions are listed on the back of this letter. You will be notified when your application has been approved/denied. The new School Year Approval/Denial Form supersedes the Temporary Lunch Ticket from last School Year.***

OTHER INFORMATION

Proof of Income: The school may request verification of your household income or Food Stamp/FIP information at any time during the school year.

Private Information: School officials will NOT use the information on the application for any purpose other than qualification for free/reduced meals; Title I Benefits and/or other benefits as authorized by the USDA.

Fair Hearing: If you do not agree with the decision on your application or your proof of income (verification), you have the right to a fair hearing. Please call or write: Van Buren Public Schools, Superintendent; 555 West Columbia; Belleville, Michigan 48111; (734) 697-9123.

Reapply: You may apply for meal benefits at any time during the school year. If you change/lose your job, income decrease/increase, or Food Stamps/FIP status changes, fill out an application at that time.

Sincerely,

Karen Sanders
Supervisor of Food Service
f&rcverlet.pad

Application Instructions:

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: Skip this part.

Part 4: **Use a separate application for each foster child.** List the child's name, school, and grade. Do not list other household members. A foster child is considered a household of one.

Part 5: Skip this part.

Part 6: Sign and date the form. A social security number is not necessary.

Part 7: Answer this question if you choose to.

Part 8: 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 anyone in your 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: Answer the question by circling either YES or NO. If you circle YES, you must list a case number in the space provided for the specific program.

Part 4: Fill out with only the student's names, grades and schools in your household. Filling in non-student names is not necessary.

Part 5: Skip this part.

Part 6: Sign and date the form. A social security number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part if it was not applicable to your household.

Part 4: Follow these instructions to report **all** household members:

Column 1 - Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Be sure to include all students. Attach another sheet of paper if needed.

Column 2 – Grade: Fill in the grade of each student in your household.

Column 3 – School Name: Fill in the school name each student in your household is attending.

Part 5: Gross Income: Use this section to report all income in your household from the previous month:

For all household members (including students, young children, grandparents, relatives, etc) that are not receiving any income, **circle the \$0 indicating NO income for that person.**

- o 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).*
- o *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.
- o *All other income:* List the amount each person got last month from welfare, child support, and alimony in the next column. List the amount each person got last month from pensions, retirement, and Social Security in the respective column. List All Other Income sources in the last 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.

Part 6: 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 7: Skip this part.

Part 8: Answer this question if you choose to.



FOOD SERVICE DEPARTMENT · 555 W. Columbia Ave. · Belleville, Michigan 48111 · Phone: (734) 697-0011 · Fax: (734) 697-6582

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 list the foster child's name, grade and school in Part 4.**
 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 **Only list the child's name, grade and school in Part 4.**
 If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at (734) 697-9123.

Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)
 If yes, you **MUST** list a case number - Food Assistance Program # _____ Family Independence Program # _____ FDPIR # _____
 * Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you.			Part 5 - Total Household Gross Incomes Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6.											
Names (Last, First)	Grade (if applicable)	Building Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income				
				weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	
Example: Doe, Jane			\$0	\$600	monthly			\$250	monthly					
1			\$0		monthly				monthly					
2			\$0		monthly				monthly					
3			\$0		monthly				monthly					
4			\$0		monthly				monthly					
5			\$0		monthly				monthly					
6			\$0		monthly				monthly					
7			\$0		monthly				monthly					

Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)
 If Part 5 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 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/Cell Phone	Work Phone	Email Address	By providing your email address you may be notified via e-mail of your eligibility for free and reduced price school meals.	

Part 7 - 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, an extension of the welfare agency or court.

____ B. The child is a resident of a licensed "Group Foster" home or residential institution.

Part 8 - 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 or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell 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 - FOR SCHOOL USE ONLY

Date Selected for Verification: _____		Date Follow-up/Second Notice: _____	
Confirming Officials Signature: _____		Follow-up Officials Signature: _____	
Response Due from Household: _____			
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	Reason for Eligibility Change: _____ Income _____ Household Size _____ Refused to Cooperate _____ Other _____ Date of Adverse Notice Sent: _____ Verification Official's Signature: _____

APPROVAL/DISAPPROVAL - 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	_____ Foster Child _____ Categorical Eligibility Eligibility: _____ Free _____ Reduced _____ Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)	Reason for Denial: _____ Income Too High _____ Incomplete Application _____ Other (specify) _____
Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____		