

Dear Parent/Guardian:

Children need healthy meals to learn. **St. John the Evangelist Catholic School** offers healthy meals every school day. Students may buy lunch for \$2.50 and breakfast for \$0. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$.40 and breakfasts for \$0. 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 licensed physician at no extra charge. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call **Dwinn Holloway at 810-629-6551**.

- 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: **St. John the Evangelist Catholic School 514 Lincoln St. Fenton c/o Dwinn Holloway**.
- 2. Who can get free meals?** Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (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 **Dwinn Holloway At 810-629-6551**, 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 Guidelines Chart.
- 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 any instructions if provided. Call the school at **810-629-6551** if you have questions.
- 6. My child's application was approved last year. Do I need to fill out another 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 child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. An application must be filled out by WIC households.
- 8. Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
- 9. 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 FAP, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 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: **St. John the Evangelist School 514 Lincoln St. Fenton. 810-629-6551 c/o the principal**.
- 11. 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.
- 12. 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), including yourself and all children who live with you.

- 13. 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.
- 14. We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 15. 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 online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.
- 16. My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
- 17. My family needs more help. Are there other programs we might apply for?** To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 1-800-481-4989.

Sincerely,
Dwinn Holloway
Food Service Director

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."

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - Foster Child Yes No 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 _____.

Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FPDPR? YES NO (circle one) Family Independence Program # _____ FPDPR # _____
 If yes, you MUST list a case number - Food Assistance Program # _____ * 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.

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, Allimony		Pensions, Retirement, Social Security		All Other Income	
					weekly	every 2 weeks	monthly	every 2 weeks	monthly	every 2 weeks
Example: Doe, Jane			NO Income	\$600			\$250			
1										
2										
3										
4										
5										
6										
7										

Part 5 - Total Household Gross Income Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FPDPR number for a child in Part 3, skip to Part 6.

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: _____ Confirming Officials Signature: _____ Response Due from Household: _____		Date Follow-up/Second Notice: _____ Follow-up Officials Signature: _____	
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: _____