

**2009-2010**  
**SOUTH HAVEN PUBLIC SCHOOLS**  
**FOOD AND NUTRITION SERVICES**

Dear Parent or Guardian:

The South Haven Public Schools realizes the impact nutritious meals have on a child's education. Because your child is important to you and us, we serve a balanced, nutritious breakfast and lunch in each building every school day to help fuel bright minds. School meals are a healthy choice and a great value to everyone. While the cost of school meals remains low, you may qualify for free or reduced priced meals.

If a doctor has determined that your child has a disability, and the disability would prevent the child from eating regular school meals, the school will make any substitutions prescribed by a doctor at no extra charge. The doctor's statement including diet and/or substitutions, must be submitted to the food service department at your school

If you currently receive food stamps or you receive Family Independence Program (FIP) benefit for your child you may receive free meals. If they are homeless, migrant or runaways they may be able to get meals for free or at a reduced price.

If your total household income is the same or less than the amounts on the Income Chart (below), please apply for reduced price or free meals. A foster child may get free or reduced price meals even if your income is higher than the amount on the chart. We provide reduced price lunch meals for \$.40 and breakfast meals for \$.30.

**ONLY ONE APPLICATION NEEDS TO BE FILLED OUT PER FAMILY**  
**YOU DO NOT NEED TO FILL OUT A SEPARATE FORM FOR EACH CHILD.**

**REAPPLY:** You may apply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases, if you begin Food Stamps or FIP, fill out an application at that time.

**FAIR HEARING:** If you do not agree with the schools decision on your application or the results of your proof on income (verification), you have the right to a fair hearing. To schedule a hearing, call or write:

**ROBERT BLACK, Superintendent    600 Elkenburg, South Haven, MI 49090    Ph. 637-0520**

**FOR MORE INFORMATION:**

**Diann Tosh, Food Service Supervisor    7320 North Shore Drive, South Haven, MI 49090    Ph.637-0590**

TOTAL FAMILY SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLEY
1	\$20,036	\$1,670	\$835	\$771	\$386
2	\$26,955	\$2,241	\$1,124	\$1,037	\$519
3	\$33,874	\$2,823	\$1412	\$1303	\$652
4	\$40,793	\$3,400	\$1700	\$1569	\$785
5	\$47,712	\$3,976	\$1,988	\$1836	\$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	\$5706	\$2,853	\$2,634	\$1,317
FOR EACH ADDITIONAL MEMBER ADD:	\$6919	\$577	\$289	\$267	\$134

# FAMILY APPLICATION INSTRUCTIONS

**PART 1 FOSTER CHILDREN:** *Only households with foster children complete this part. (A foster child is the legal responsibility of a welfare agency or court.)*

- (1) List the foster child's monthly \* "personal use" income. Write "0" if the foster child does not receive "personal use" income. **(Do not list any other children, household members or income.)**
- (2) A foster parent or other official representing the child must sign the application at PART 5 and provide an address and telephone number for contact purposes.  
*"Personal use" income is (a) money received from the welfare office, identified by category, for the child's personal use, such as for clothing, school fees and allowances; and (b) all other money the child receives, such as money from his/her family, and/or wages earned from full-time or regular part-time employment.*

**PART 2 HOMELESS, MIGRANT, RUNAWAY:** Complete this section by circling the correct answer and contact your District homeless liaison or Migrant coordinator at 637-0520.....

**PART 3 STUDENT INFORMATION:** *All Households complete this part.*

- (1) Print the names of all children for whom you are applying.
- (2) List the name of the school each child attends.
- (3) List the grade of each child.
- (4) \*List the current Food Stamp or FIP number for each child. **DO NOT USE A BRIDGE CARD NUMBER.**  
*\*If you listed a food stamp or FIP number, skip PART 4 and go to PART 5.*

**PART 4 HOUSEHOLD MEMBERS INFORMATION:** *All households complete this part except those who receive food stamps or FIP benefits.*

- (1) Print the names of all members, regardless if they receive income. Include yourself, children for whom you are applying, all other children, your spouse, grandparents, and any other related or non-related persons living at your residence. If additional space is required, please attach another sheet of paper.
- (2) Include the average amount of gross wages each household member earns monthly, prior to taxes and any other deductions.
- (3) Include any and all welfare, child support and/or alimony received monthly by each household member.
- (4) Also include any and all payment from pensions, retirement and/or social security received monthly by each household member.
- (5) Include any and all other monthly income received by each household member

## INCOME TO REPORT

• wages/salaries, tips	• pensions	• interest/dividends
• strike benefits	• supplemental security income	• income from estates/trusts, investments
• unemployment compensation	• retirement income	• regular contributions from non-household members
• net income from self-owned business or farm	• veteran's payment	• net royalties
• public assistance payments	• social security	• any other income
• welfare payments	• disability benefits	•
• alimony/child support payments	• cash withdrawn from savings	•

**PART 5 SIGNATURE & SOCIAL SECURITY NUMBER:** *All households complete this part.*

- (1) All applications must have the signature of an adult household member.
- (2) The application must have the social security number of the adult whose signature appears on the application. If the signing adult does not have a social security number, the word "none" should be printed in the space provided.
- (3) Please print your address and telephone number(s) where you can be contacted, if necessary.

**PART 6 OPTIONAL: RACIAL/ETHNIC IDENTITY:**

You are not required to complete this portion of the application to qualify for free or reduced price meals. However, we encourage you to take a moment to provide us with this information which is utilized by the school district to ensure that all persons are treated equally.

# Family Application For Free And Reduced Price School Meals

**PART 1 FOSTER CHILD**    yes    no       **\*\*Child's spending money per month \$** \_\_\_\_\_ **If none available, list \$ 0**

**PART 2 HOMELESS**    Yes    No       **MIGRANT**    Yes    No       **RUNAWAY**    Yes    No  
 If the child you are applying for is homeless, migrant or a runaway circle the appropriate answer and call the District School Homeless Liaison or Migrant Coordinator at: 269-637-0520.

**PART 3 STUDENT INFORMATION-** The names of all children in the household in school or name of one foster child in school If they receive food stamps/FIP/FDPIR you must list a case number. **DO NOT USE A BRIDGE CARD NUMBER**

New Student	(please print) NAME OF STUDENT(last name, first name)	NAME OF SCHOOL BUILDING	GRADE		FOOD STAMPS OR FIP/SDPIR CASE #
Yes				Y/N	
Yes				Y/N	
Yes				Y/N	
Yes				Y/N	
Yes				Y/N	
Yes				Y/N	
Yes				Y/N	

IF YOU RECEIVE FOOD STAMPS OR FIP BENEFITS, SKIP PART 4 AND GO TO PART 5.  
 Check here to allow information to be released for the MICHild program only.

**PART 4 HOUSEHOLD MEMBERS INFORMATION** (If additional space is required, please list remaining family members on an attached sheet of paper.)

*List all members of your household and complete all financial information that is applicable to each member listed.*

Monthly Income Conversion	Weekly Income x 4.33	Every 2 Weeks x 2.15
---------------------------	----------------------	----------------------

(Please Print) NAME OF ALL HOUSEHOLD MEMBERS & INCOME	Gross Earnings Before Deductions	Child Support, Welfare, Alimony	Payments from Pensions, Retirement, Social Security	Any other Income
<b>EXAMPLE: JANE DOE</b>	<b>\$300/ weekly</b>	<b>\$150/ monthly</b>	<b>\$3000/ yearly</b>	<b>\$20/ every 2 wk</b>
1				
2				
3				
4				
5				
6				
7				
8				

**PART 5 ADULT INFORMATION/PENALTIES FOR MISPRESENTATION**

I certify (promise) the above 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:** \_\_\_\_\_  
 (Signature of Adult Household Member)

Adult Social Security Number: \_\_\_\_\_ (If no S.S. Number, write "none")

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

**PART 6** OPTIONAL: RACIAL/ETHNIC IDENTITY

You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial/ethnic identities:

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

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc. should contact USDA's TARGET Center at (202)720-2600 (voice and TDD).

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington D.C. 20250-9410 or (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**PRIVACY ACT STATEMENT:** Unless you list the child's food stamp or FIP case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security number, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or FIA office to determine current certification for food stamps or FIP benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education health and nutrition programs.

<b>Verification –FOR SCHOOL USE ONLY</b>				
Total Household Size: _____ Total Income: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Food Stamp Household				
Eligibility Determination: <input type="checkbox"/> Approved Free <input type="checkbox"/> Denied <input type="checkbox"/> Income Above Eligibility Figure <input type="checkbox"/> Approved Reduced Price <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (reason): _____				
Date Notice Sent: _____ Signature of Determining Official: _____				
Date Selected For Verification: _____  Response Due From Household: _____  Date Second Notice Sent: _____	<b>FOOD STAMP ELIGIBILITY:</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Food Stamp Office <input type="checkbox"/> Notice of Eligibility <input type="checkbox"/> ATP Card Issued monthly (not ID card without expiration date) <input type="checkbox"/> Not Confirmed	Income: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Collateral Contract <input type="checkbox"/> Agency Records <input type="checkbox"/> Other _____	Sample Selection: <input type="checkbox"/> Random <input type="checkbox"/> Focused <input type="checkbox"/> 100% <input type="checkbox"/> Other _____	<b>Verification Result:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced Price <input type="checkbox"/> Reduced Price to Free <input type="checkbox"/> Ineligible <hr/> <b>Reason for Eligibility Change:</b> <input type="checkbox"/> Income <input type="checkbox"/> Refusal to Cooperate <input type="checkbox"/> Size of Household <input type="checkbox"/> Other Date Adverse Notice Sent: _____ Verifying Official: _____ Date: _____

# School Meals

We serve education every day!

**You may log-on to: [www.lunchapp.com](http://www.lunchapp.com) to complete an application on line. It is easy, fast, mistake proof and completely confidential. Give it a try!**