

WEST IRON COUNTY PUBLIC SCHOOLS
601 Garfield Avenue
Iron River, Michigan 49935

Dear Parent/Guardian:

Children need healthy meals to learn. **West Iron County Public Schools** offers healthy meals every school day. Breakfast is **FREE** to all students; lunch costs are \$ 2.50 for **Stambaugh Elementary** and \$ 3.00 for **Middle/High School**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is a \$.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 2016-2017

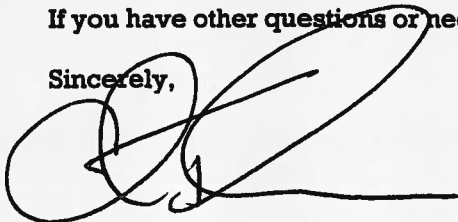
Household size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,931	\$5,663	\$1,307
8	\$75,590	\$6,304	\$1,455
Each additional person:	\$7,696	\$642	\$148

- 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 **Renee Beauchamp 906-265-9218** or rbeauchamp@westiron.org.
- 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: **Kim Busakowski, 601 Garfield Avenue, Iron River, MI 49935.**
- 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 **Kim Busakowski, 601 Garfield Avenue, Iron River, MI 49935, 906-265-5218** or kbusakowski@westiron.org immediately.

5. **CAN I APPLY ONLINE?** There is an application available online at www.westiron.org to print. Please fill it out and you can send to school or mail it to the **West Iron County Administration Building, 601 Garfield Avenue, Iron River, MI 49935.**
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, through 9/16/16. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
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: **Chris Thomson, 601 Garfield Avenue, Iron River, MI 49935, or cthomson@westiron.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, 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 **Kim Busakowski at 601 Garfield Ave, Iron River, MI 49935 or call 906-265-5218** 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 **Kim Busakowski at 906-265-5218.**

Sincerely,



Christopher Thomson, Superintendent

ZU13-ZU10 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Definition of Household Member: *Anyone who is living with you and shares income and expenses, even if not related.*	Child's First Name	MI	Child's Last Name	Student?				Foster/Migrant/Runaway Homeless Child?							
				Yes	No	Yes	No	Yes	No	Yes	No				

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

STEP 3 Report Income for ALL Household Members (Skip this step if you answered Yes to STEP 2)

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.

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 Member (First and Last)	Earnings from Work	How often?			Public Assistance/Child Support/Alimony	How often?			Pensions/Retirement/All Other Income	How often?		
		Yearly	Bi-Weekly	2x Month		Yearly	Bi-Weekly	2x Month		Yearly	Bi-Weekly	2x Month
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

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)

Signature of adult completing the form

Today's date

Printed name of adult completing the form

OPTIONAL Children's Racial and Ethnic Identities

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.

Ethnicity (check one): **Race (check one or more):**

- Hispanic or Latino
 Not Hispanic or Latino
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

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.

Verification For School Use Only

Date Selected for Verification: _____ Date Follow-up/Second Notice: _____ Date of Adverse Notice Sent: _____
 Confirming Officials Signature: _____ Follow-up Officials Signature: _____
 Response Due from Household: _____ Verification Official's Signature: _____

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

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USDA is an equal opportunity provider and employer.

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