

Lakeview Public Schools

27575 HARPER, ST. CLAIR SHORES, MICHIGAN 48081
(586) 445-4000 FAX: (586) 445-4029

WWW.LAKEVIEW.MISD.NET



Dear Parent/Guardian:

August 11, 2015

Children need healthy meals to learn. **Lakeview Public Schools** offers healthy meals every school day. Students may buy an elementary lunch for **\$2.60**, middle & high school lunches for **\$3.10** and breakfast for **\$1.30**. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for **\$ 0.40** and breakfasts for **\$ 0.30**. The purchase of milk only is available at a cost of \$0.50. 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, as long as there is a written prescription on file by a licensed physician at no extra charge.** For further information, please call Tasha McIntyre at 586.445.4000, ext. 2510. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.

- 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 the main office in any of your child(ren)'s school.
- 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 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 Foster Children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free means regardless of income. They may also be included as household members on family applications if other family members wish to apply for free or reduced meals.
- 4. Can homeless, runaway, and migrant children get free meals?** Please call Mrs. Christine (Brown) Kress, Homeless Liaison and Migrant Coordinator at 586.445.4000, ext. 2513, to see if your child(ren) qualify if you have not been informed that they will get free meals.
- 5. 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, included in this application packet.
- 6. 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 provided. Call Mrs. Tammy Smith at 586.445.4045, ext. 2705 if you have questions.
- 7. 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.
- 8. I get Women Infant, & Children (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.
- 9. Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.

Nondiscrimination and Access to Equal Education Opportunity

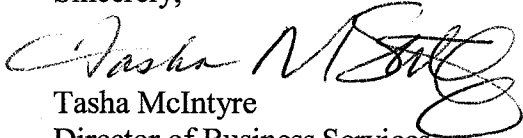
It is the policy of the Board that no student in this District shall, on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, sexual orientation, disability, height, weight, and/or any other legally protected characteristic, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in its programs and/or activities. Any person believing they have been discriminated against may bring a complaint to the local civil rights coordinator: Assistant Superintendent, 27575 Harper, St. Clair Shores, MI 48081, 586-445-4000 X 2503.

10. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your house-hold 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.
11. **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: **Mrs. Tasha McIntyre at 586.445.4000, ext. 2510.**
12. **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.
13. **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.
14. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
15. **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.
16. **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.
17. **My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
18. **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 1-800-481-4989.

Lastly, for your convenience and if you would like to expedite the processing of your child's lunch application, please complete an online application at www.lunchapp.com, select Lakeview Public Schools in St. Clair Shores, MI. There are two other Lakeview's in the state of Michigan so be sure to select the correct one.

If you have other questions or need help, please call Tasha McIntyre at 586.445.4000, est. 2510.

Sincerely,



Tasha McIntyre
Director of Business Services

Nondiscrimination and Access to Equal Education Opportunity

It is the policy of the Board that no student in this District shall, on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, sexual orientation, disability, height, weight, and/or any other legally protected characteristic, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in its programs and/or activities. Any person believing they have been discriminated against may bring a complaint to the local Civil Rights Coordinator: Assistant Superintendent, 27575 Harper Ave. St. Clair Shores, MI 48081, 586.445.4000 ext. 2503.

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)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
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.

Child's First Name	MI	Child's Last Name	Student? Yes No	School Name:	How often?			Foster Child	Migrant Runaway
					Weekly	Bi-Weekly / 2x Month	Monthly		
			<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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

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

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 Member (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	Child Income	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="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"/>
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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 X

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):

- 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

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: _____
 Confirming Officials Signature: _____
 Response Due from Household: _____

Date Follow-up/Second Notice: _____
 Follow-up Official's Signature: _____
 Verification Official's Signature: _____

Date of Adverse Notice Sent: _____

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

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 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).

USDA is an equal opportunity provider and employer.

Determining Official's Signature: _____ Date: _____

Date Dropped/Withdrawn: _____

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

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

(Over)

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Free and Reduced Price School Meals Family Application, 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 Free and Reduced Price School Meals Family Application with Title I program.
- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with At-Risk programs.
- Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Family Application with the Title I or At-Risk program.

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 _____ at _____

Return this form to: Lakeview Public Schools, 27575 Harper Ave., St. Clair Shores, MI 48081.

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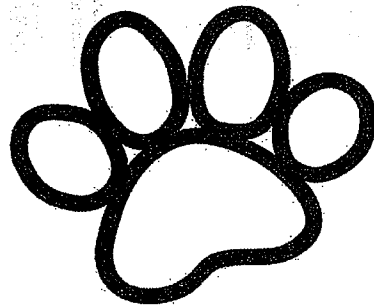
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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Remember

BREAKFAST is the most important meal of the day. Visit your school food services program for a nutritious breakfast!



**Lakeview Public
Schools**