FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

2.

Children need healthy meals to learn. Hanover-Horton School District offers healthy meals every school day. Breakfast costs **\$1.80**; lunch costs **\$2.60 - \$2.85**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.30** for breakfast and **\$0.40** 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.

Household size	Yearly	Monthly	Weekly
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Each additional person:	\$7,733	\$645	\$149

FEDERAL INCOME ELIGIBILITY CHART for School Year 2017-2018

- 3. 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 Melissa Duffrin at (517) 563-0103 or e-mail Melissa.Duffrin@hanoverhorton.org.
- 4. 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: Hanover-Horton School District, Attn: Alan Breneman, 10,000 Moscow Rd. Horton, MI 49246 or call (517) 990-3603.
- 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 Hanover-Horton School District, Attn: Alan Breneman, 10,000 Moscow Rd. Horton, MI 49246 or call (517) 990-3603 immediately.

- 6. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.LunchApp.com to begin or to learn more about the online application process. Contact Hanover-Horton District, Attn: Alan Breneman, 10,000 Moscow Rd. Horton, MI 49246 or call (517) 990-3603 if you have any questions about the online application.
- 7. 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 October 5, 2017. 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.
- 8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please send in an application.
- 9. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 10. 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.
- 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: Hanover-Horton School District, Attn: John Denney, 10,000 Moscow Rd. Horton, MI 49246 or call (517) 990-3603.
- 12. MAY I APPLY IF SOMEONE IN MY HOUSEHOULD 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.
- 13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you <u>normally</u> 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.
- 14. 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 <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> to do so.
- 15. 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.
- 16. 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 Hanover-Horton School District, Attn: Alan Breneman, 10,000 Moscow Rd. Horton, MI 49246 or call (517) 990-3603 to receive a second application.
- 17. 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 (517) 990-3603.

Sincerely,

Alan Breneman, Director of Food Services

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, <u>even if your children attend more than one school in the Hanover-Horton School District.</u> The application must be filled out completely to certify your children for free or reduced price school meals. **Please follow these instructions in order.** Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Alan Breneman; (517) 990-3603 or email Hanover.FoodService@HanoverHorton.org.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Hanover-Horton School, regardless of age.

A) List each child's name. Print each child's	B) Is the child a student at	C) Do you have any foster children? If any children	D) Are any children homeless, migrant,
name. Use one line of the application for each	Hanover-Horton School District?	listed are foster children, mark the "Foster Child"	or runaway? If you believe any child
child. When printing names, write one letter in	Mark 'Yes' or 'No' under the	box next to the child's name. If you are ONLY	listed in this section meets this
each box. Stop if you run out of space. If there	column titled "Student" to tell us	applying for foster children, after finishing STEP 1,	description, mark the "Homeless,
are more children present than lines on the	which children attend Hanover-	go to STEP 4.	Migrant, Runaway" box next to the
application, attach a second piece of paper	Horton School District. If you	Foster children who live with you may count as	child's name and complete all steps of
with all required information for the additional	marked 'Yes,' write the grade level	members of your household and should be listed on	the application.
children.	of the student in the 'Grade'	your application. If you are applying for both foster	
	column to the right.	and non-foster children, go to step 3.	

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).

The Food Distribution Program on Indian Reservations (FDPIR).
A) If no one in your household participates in any of the above	B) If anyone in your household participates in any of the above listed programs:
listed programs:	• Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate
• Leave STEP 2 blank and go to STEP 3.	in one of these programs and do not know your case number, contact your local agency office.
	• Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
- \circ \quad Gross income is the total income received before taxes.
- Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS									
reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.									
•	Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are								
	certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.								
	received using the check boxes to the right of each field.								
3.A. REPORT INCOME EARNED BY CHIL	DREN								
A) Report all income earned or received b	y children. Report the combined gross income for ALL child	lren listed in STEP	1 in your household in the box marked "Child Income." Only						
	plying for them together with the rest of your household.								
What is Child Income? Child income is mon	ey received from outside your household that is paid DIREC	CTLY to your childr	ren. Many households do not have any child income.						
3.B REPORT INCOME EARNED BY ADU	LTS								
Who should I list here?									
		with you and share	e income and expenses, even if they are not related and even						
if they do not receive income of their o	<u>wn.</u>								
• Do NOT include:									
 People who live with you but are no 	t supported by your household's income AND do not contri	ibute income to yo	our household.						
 Infants, children and students alread 									
B) List adult household members'	C) Report earnings from work. Report all income from wo	ork in the D) R	Report income from public assistance/child						
names. Print the name of each	"Earnings from Work" field on the application. This is usua	ally the sup	support/alimony. Report all income that applies in the "Public						
household member in the boxes marked	money received from working at jobs. If you are a self-emp	ployed Assi	Assistance/Child Support/Alimony" field on the application. Do						
"Names of Adult Household Members	business or farm owner, you will report your net income.	not	not report the cash value of any public assistance benefits NOT						
(First and Last)." Do not list any		liste	ed on the chart. If income is received from child support or						
household members you listed in STEP 1.	What if I am self-employed? Report income from that wo	ork as a net alim	nony, only report court-ordered payments. Informal but						
If a child listed in STEP 1 has income,	amount. This is calculated by subtracting the total operation		ular payments should be reported as "other" income in the						
follow the instructions in STEP 3, part A.	expenses of your business from its gross receipts or reven	-	t part.						
E) Report income from	F) Report total household size. Enter the total number of	household G) P	Provide the last four digits of your Social Security Number.						
pensions/retirement/all other income.	members in the field "Total Household Members (Children		adult household member must enter the last four digits of						
Report all income that applies in the	Adults)." This number MUST be equal to the number of ho		r Social Security Number in the space provided. You are						
"Pensions/Retirement/ All Other	members listed in STEP 1 and STEP 3 . If there are any men		ible to apply for benefits even if you do not have a Social						
Income" field on the application.	your household that you have not listed on the application	-	urity Number. If no adult household members have a Social						
	and add them. It is very important to list all household me		urity Number, leave this space blank and mark the box to the						
	the size of your household affects your eligibility for free a		t labeled "Check if no SSN."						
	reduced price meals.	1.81							
STEP 4: CONTACT INFORMATIO	ON AND ADULT SIGNATURE								
All applications must be signed by an adul	t member of the household. By signing the application, the	at household men	nber is promising that all information has been truthfully						
and completely reported. Before completing	and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.								
A) Provide your contact information. Write your current B) Print and sign your name and C) Mail Completed D) Share children's racial and ethnic identities									

A) Provide your contact information. Write your current	B) Print and sign your name and	C) Mail Completed	D) Share children's racial and ethnic identities	
address in the fields provided if this information is available.	write today's date. Print the name	Form to: Hanover-	(optional). On the back of the application, we ask you	
If you have no permanent address, this does not make your	of the adult signing the application	Horton School District	to share information about your children's race and	
children ineligible for free or reduced price school meals.	and that person signs in the box	Attn: Alan Breneman	ethnicity. This field is optional and does not affect your	
Sharing a phone number, email address, or both is optional,	"Signature of adult."	10,000 Moscow Rd.	children's eligibility for free or reduced price school	
but helps us reach you quickly if we need to contact you.		Horton, MI 49246	meals.	

2017-2018 Application for Free and Reduced Price School Meals

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

Submit online:

www.LunchApp.com

Definition of Household	Child's First Name	МІ	Child's Last Name			Grade Stud Yes	dent? Homeless, Foster Migrant, No Child Runaway
Member: "Anyone who is							No Child Runaway
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.							
STEP 2 Do any H	lousehold Members (including you) curre	ently participate in	one or more of the following	assistance programs: SN/	AP, TANF, or FDPIR?		
					Case Number:		
	If NO > Go to STEP 3. If YI	ES > Write a case	number here then go to STEP 4	(Do not complete STEP 3)		Write only	one case number in this space.
STEP 3 Report In	come for ALL Household Members (Skip th	is sten if you answe	ared (Ves' to STEP 2)				·
STEP 5 Report in		is step in you answe				Liou officer O	
	A. Child Income			С	hild income Weekly	How often? Bi-Weekly 2x Month Monthly	
	Sometimes children in the household earn or i Household Members listed in STEP 1 here.	receive income. Pleas	e include the TOTAL income rece	ved by all			
	B. All Adult Household Members (incl	uding yourself)		Ψ		0 0 0	
Are you unsure what	List all Household Members not listed in STEF	P 1 (including yourself					
income to include here?	for each source in whole dollars (no cents) on	ly. If they do not recei	ve income from any source, write How often?		elds blank, you are certify How often?		e is no income to report. How often?
Flip the page and review the charts titled "Sources	Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Public Assistance/ Child Support/Alimony Weekly	Bi-Weekly 2x Month Monthly	Pensions/Retirement/ All Other Income	Weekly Bi-Weekly 2x Month Monthly
of Income" for more information.		\$	0 0 0 0	\$	0 0 0	\$	0 0 0 0
The "Sources of Income		\$		\$		\$	\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc
for Children" chart will help you with the Child		φ		•		Φ	
Income section.		\$	$\circ \circ \circ \circ$	\$	$\circ \circ \circ$	\$	0 0 0 0
The "Sources of Income for Adults" chart will help		\$	0 0 0 0	\$ 0	0 0 0	\$	0 0 0 0
you with the All Adult Household Members							
section.		\$		\$	0 0 0	\$	0000
	Total Household Members		Social Security Number (SSN) of	x x x X X		Check if no SSN	
	(Children and Adults)	Primary Wage Earn	er or Other Adult Household Membe				
STEP 4 Contact i	nformation and adult signature. Mail co	mpleted form to:	Hanover-Horton Schools,	ttn; Alan Breneman, 10,0	00 Moscow Road Ho	rton, MI 49246	
	ion on this application is true and that all income is report						ware that if I purposely give
	lose meal benefits, and I may be prosecuted under appli			and recorpt of a custar fundo, and tha	Consol onloads may verify (C		and that in purposely give
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and E	Email (optional)	
Printed name of adult signing	the form	Signature of a	dult		Today's date		

Sources of Inc	come for Children	Sources of Income for Adults						
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	 Unemployment benefits Worker's compensation 	 Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from 				
 Social Security Disability Payments Survivor's Benefits 	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	- Net income from self- employment (farm or business) If you are in the U.S. Military:	Supplemental Security Income (SSI) Cash assistance from State or local government					
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay,	 Alimony payments Child support payments Veteran's benefits 	trusts or estates - Annuities - Investment income - Earned interest				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Strike benefits	 Rental income Regular cash payments from outside household 				

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				
Race (check one or more	e): American Indian	or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander U 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 program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12 How often? Eligibility:											
Total Income	Weekly		2x Month	Monthly	Household Size	[Free	Reduced	Denied		
	\bigcirc	\bigcirc	0	0	Catego	rical Eligibility	0	0	0		
Determining Official's Signature	Da	ate			Confirming Official's Signature	Date	Ve	rifying	Official's Signature	I	Date