

## **FREE MEALS FAMILY APPLICATION SUMMER 2017**

The Summer Food Service Program (SFSP) Free Meals Family Application prototype and related materials for Summer 2017 are attached. For detailed instructions on the eligibility determination process, please read the attached document *Critical Information for the SFSP Free Meals Family Application* and refer to the *Eligibility Guidance for School Meals Manual* available at: [http://www.fns.usda.gov/cnd/Guidance/eligibility\\_guidance.pdf](http://www.fns.usda.gov/cnd/Guidance/eligibility_guidance.pdf).

### PACKET CONTENTS

*Required materials that must be provided to households:*

- *Letter to Parents* (2 pages printed front and back)
- *Free and Reduced Price School Meals Family Application* (2 pages printed front and back)

Other Materials:

- *Income Eligibility Guidelines for Use in Schools* (1 page)
- *Critical Information for the SFSP Free Meals Family Application*

The pages are designed to be printed on 8½" by 11" paper.

Questions regarding this packet may be directed to the School Nutrition Programs Office at (517) 373-3347.

## **CRITICAL INFORMATION FOR THE SUMMER FOOD SERVICE PROGRAM FREE MEALS FAMILY APPLICATION**

- Residential camps and sponsors, with enrolled sites, are *required* to use the Summer Food Service Program (*SFSP*) *Free Meals Family Application*.
- The *Free and Reduced Price School Meals Family Application* materials are available in several languages. The translations of application materials can be found at: [www.fns.usda.gov/cnd/FRP/frp.process.htm](http://www.fns.usda.gov/cnd/FRP/frp.process.htm).

### **Family Application Approval Process Information**

- Refer to the *Eligibility Guidance for School Meals Manual* when approving free meals family application, which can be found at: <http://www.fns.usda.gov/sites/default/files/EliMan.pdf>
- Electronic Benefit Transfer (EBT) Bridge Cards are now used throughout Michigan to replace Food Stamp coupons. The EBT Bridge Card number is a 16-digit numerical number, for example: 1234 2345 3456 4567, while the Food Assistance Program (FAP) case number is a 9-digit number beginning with the number 1. The United States Department of Agriculture (USDA) has determined that the number on a household's EBT Bridge Card CANNOT be accepted as a FAP case number on applications for meal benefits. As you receive and review applications for meal benefits, be sure that households providing a FAP case number, in PART 3 of the application are providing a Food Stamp case number and not an EBT Bridge Card number.
- If anyone in a household has a number for a FAP, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR), then ALL of the children in the household are categorically eligible for free meals.
- If a household has only one (1) income source, or if all sources are the same frequency (e.g., all weekly), do not use conversion factors. Compare the income or the sum of the incomes to the published Income Eligibility Guidelines (IEG) for the appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one (1) frequency, the correct method is to annualize all income. *Annual Income Conversion:*  
*Weekly x 52; every 2 weeks x 26; twice a month x 24; monthly x 12.*
- Do *not* round the values resulting from each conversion. Sum all the unrounded converted values and compare the unrounded total to the published IEG for annual income for the appropriate household size.

- *All* persons must claim some income, or indicate that they receive no income. If the person, including any child listed in part 3 on the application, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income."
- Homeless, migrant, and runaway youth are categorically eligible for free meals.
- Please refer to *Categorical Eligibility for Free Lunches and Breakfasts of Runaway, Homeless, and Migrant Youth: Reauthorization 2004 Implementation Memo SP4*, which can be found at:  
[http://www.fns.usda.gov/cnd/Governance/Reauthorization\\_Policy\\_04/Reauthorization\\_04/2004-07-19.pdf](http://www.fns.usda.gov/cnd/Governance/Reauthorization_Policy_04/Reauthorization_04/2004-07-19.pdf).
- As stated in the *Eligibility Guidance for School Meals Manual* (August 2013), Part 5-Categorical Eligibility, a child from a household currently certified to receive benefits through the FDPIR is categorically eligible for free benefits in the National School Lunch Program (NSLP).
- When a household submits a complete application that contains: (1) the name of the child, (2) a current FDPIR case number or identifier with program affiliation; e.g., "Sault Ste. Marie Commodity Program," and (3) an adult signature, the determining official must approve the child for free meals or free milk, as applicable. For further information please refer to: <http://www.fns.usda.gov/fdd/programs/fdpir/>.
- Previously, a separate application for free and reduced price meals was submitted for a foster child who was considered a household of one. Now, the foster child is categorically eligible for free meals and may be certified without an application. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household application that includes their non-foster children. This will streamline the application process and may help the foster family's non-foster children qualify for free or reduced price meals based on household size and income.

In processing the application, the child nutrition program institution would certify the foster child for free meals, and then make an eligibility determination for the remainder of the household based on the household's income (including personal income earned by the foster child) or other categorical eligibility information reported on the application. As before, foster payments received by the family from the placing agency are not considered income and do not need to be reported. Please note that the presence of a foster child in the household does *not* convey eligibility for free meals to all children in the household in the same manner as FAP, FIP, and FDPIR participation does.

- Every month, sponsors should print and retain a roster of students eligible for free and reduced price school meals. This record serves as a basis for the claim for reimbursement and for audit and review purposes. It must be kept three years after the date of the final claim for reimbursement for the fiscal year to which it pertains or as long as there are unresolved audit findings related to the record.

**FAMILY APPLICATION  
LETTER TO PARENTS  
FREE SUMMER MEALS**

Date: \_\_\_\_\_

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program (SFSP) for children. Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we *must* document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

1. DO I NEED TO FILL OUR AN APPLICATION FOR EACH CHILD?

No. Use *one* SFSP Free Meals Family Application for *all* children 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: **Camp Copneconic, 10407 North Fenton Road, Fenton, Michigan 48430.**  
(Name, Address, and Phone Number)

2. WHO CAN GET FREE MEALS?

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) and/or 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. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?

Children in households participating in WIC may be eligible for free meals. Please complete and submit an application.

4. 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 meals.

5. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You *must* include all people living in your household, related or not (such as foster children, grandparents, other relative, or friends). You *must* also include yourself and all children who live with you.

6. 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.

7. WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?

If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances *must* be included in your gross income.

8. 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 on-line, go to: [www.michigan.gov/michild](http://www.michigan.gov/michild) or call 1-888-988-6300 for help or to request a paper application.

*See reverse for Income Chart and Application Instructions.*

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
*Each additional household member add:	\$7,511	\$626	\$313	\$289	\$145

**APPLICATION INSTRUCTIONS:**

Your children may qualify for free summer meals if your household income falls within the limits on this chart.

IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDP, FOLLOW THESE INSTRUCTIONS:

- Part 1: Skip this part.
- Part 2: Circle YES and list the case number for the correct program.
- Part 3: List child(ren)'s name and Session Number/Name or Site Name.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

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 YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list Session Number/Name or Site Name.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS:

(Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
  - Column 1 - Names: 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 children. Attach another sheet of paper, if needed.
  - Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.
  - Column 3 - Session Number/Name or Site Name: Fill in the Session Number/Name or Site Name each child in your household is attending.
- Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month:
  - For all household members (including parents, children, young children, grandparents, relatives, etc) that are not receiving any income, **CIRCLE THE \$0 INDICATING NO INCOME FOR THAT PERSON.**
    - 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).*
      - *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.
      - *Welfare, Child Support, and Alimony:* List the amount each person received last month.
      - *Pensions, Retirement, and Social Security:* List the amount each person received last month
      - *All Other Income:* All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and *any other income.*
      - All persons must claim some income, or indicate that they receive no income. That is if the person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income".
- Part 5: An adult household member *must* sign and date the form, and list the last four (4) digits of *Social Security Number*, or check the box "I do not have a Social Security Number."
- Part 6: Answer this question.

## 2017 SUMMER FOOD SERVICE PROGRAM FREE MEALS FAMILY APPLICATION

Part 1 - 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 \_\_\_\_\_  
 \_\_\_\_\_Homeless \_\_\_\_\_Migrant \_\_\_\_\_Runaway List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program(FIP), or FDIPIR, provide the name and case number for the person who receives benefits.  
 Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers  
 If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.  
 Part 4 - Total Household Gross Incomes - Include the amount of money and circle how often it is received. If the person does not receive any income "\$0" must be circled in the column Circle if NO income. If you listed a FAP/FIP/FDIPIR number in Part 2, skip to Part 5.

Names	Circle Yes if Foster Child	Grade (if applicable)	Session #/Name or Site Name (if applicable)	Circle if NO Income	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
					weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks
Example: <i>Jane Doe</i>	Yes			\$0	\$600	monthly		\$250	monthly			
1	Yes			\$0		weekly			weekly			
2	Yes			\$0		weekly			weekly			
3	Yes			\$0		weekly			weekly			
4	Yes			\$0		weekly			weekly			
5	Yes			\$0		weekly			weekly			
6	Yes			\$0		weekly			weekly			
7	Yes			\$0		weekly			weekly			
8	Yes			\$0		weekly			weekly			

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (*Adult household member MUST sign and date.*)

If Part 4 is completed, the adult signing the form must also list the last four (4) digits of 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 sponsor will get federal funds based on the information I give. I understand that sponsor 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: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  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 email of your eligibility for free and reduced price school meals.

<b>Part 6 - Child's Racial/Ethnic Identity (optional)</b> <b>Check One or More Racial Identities:</b> ___ American Indian or Alaskan Native                             ___ Asian ___ Black or African American   ___ White ___ Native Hawaiian or Other Pacific Islander                     ___ Other	<b>Check One Ethnic Identity:</b> ___ Hispanic or Latino ___ Neither Hispanic or Latino
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**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 last four (4) digits of 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, list a FAP or FIP case number or other FDPIR identifier for your child, or 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.*

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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](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](mailto: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.

**APPROVAL/DISAPPROVAL - For Sponsor Use Only**

**Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12**

<b>Household Size:</b> _____  <b>Total Gross Income: \$</b> _____ ___ Weekly ___ Every 2 Weeks ___ Twice a Month ___ Monthly ___ Annual	___ Categorical Eligibility  <b>Eligibility:</b> ___ Number of Children Eligible ___ Number of Non-eligible Children	<b>Reason for Denial:</b> ___ Income Too High ___ Incomplete Application ___ Other (specify) _____
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Determining Official's Signature: _____	Date: _____	Date Dropped/Withdrawn: _____
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