# Michigan Department of Education Office of Health and Nutrition Services Summer Food Service Program

## FREE MEALS FAMILY APPLICATION SUMMER 2018

The Summer Food Service Program (SFSP) Free Meals Family Application prototype and related materials for Summer 2018 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 Manual for Schools Meals<sup>i</sup> for guidance.

#### 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:

- 2018 Income Eligibility Guidelines (1 page)
- Critical Information for the SFSP Free Meals Family Application

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

## FAMILY APPLICATION LETTER TO PARENTS FREE SUMMER MEALS

#### 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: YMCA Camp Copneconic, 10407 N Fenton Rd, Fenton, MI 48430

#### 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.

#### Michigan Department of Education Office of Health and Nutrition Services Summer Food Service Program

- 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, visit the <u>MIChild website</u> or call 1-855-789-5610 for help or to request a paper application.

http://www.michigan.gov/michild

#### 2018 INCOME ELIGIBILITY GUIDELINES

(This form is for program personnel use only.)

Family income criteria to be used for the 2018 Summer Food Service Program (SFSP).

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$22,311	\$1,860	\$930	\$859	\$430
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
7	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
*Each additional household member add:	\$7,733*	\$645*	\$323*	\$298*	\$149*

### 2017-2018 Prototype Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

	Child's First Name		МІ	Child's	Last Name							Gr	rade	Student		Foster M	omeless ligrant,
Definition of <b>Household Member</b> : "Anyone who is	O I I I I I I I I I I I I I I I I I I I		<b>—</b>		Lastranio									Yes N	10	- Child R	unaway
living with you and shares income and expenses, even																	
f not related."															ıt appl		
Children in <b>Foster care</b> and children who meet the															all tha		
definition of Homeless,  Migrant or Runaway are eligible for free meals. Read															Check all that apply		
How to Apply for Free and Reduced Price School																	=
Meals for more information.																- 🗀	Ш
STEP 2 Do any I	Household Members (including you) cเ	irrently part	icipate in o	one or n	nore of the fo	llowing a	ssistand	ce progran	ns: SN	AP, TANF	, or FDPIR	?					
	If NO > Go to STEP 3.	YES > W	rite a case r	number h	ere then go to	STEP 4 <u>(</u>	Do <u>not co</u>	omplete STE	<u>EP 3</u> )		(	Case Nu		ite only one	case nu	mber in this	space
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	Sometimes children in the household earn Household Members listed in STEP 1 here		ome. Please	e include	the TOTAL Inco	me receiv	ed by all		\$			0	0 (				
1	B. All Adult Household Members (i								L								
Are you unsure what income to include here?	List all Household Members not listed in S for each source in whole dollars (no cents)																
Flip the page and review the charts titled "Sources	Name of Adult Have beld March and Clinic and Land	- o Famin	gs from Work	Weekly	How often?  Bi-Weekly 2x Month	Mandala		Assistance/ upport/Alimony	Mth.	How ofter		Pe	ensions/Retiren			w often?	Manualla
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Sources of Income for Children					
Sources of Child Income	Example(s)				
- Earnings from work	A child has a regular full or part-time job where they earn a salary or wages				
Social Security     Disability Payments     Survivor's Benefits	<ul> <li>- A child is blind or disabled and receives Social Security benefits</li> <li>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>				
-Income from person outside the househo	ld - A friend or extended family member regularly gives a child spending money				
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust				
OPTIONAL Children's Racial and Ethnic Identities					

Sources of Income for Adults						
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income				
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits     Worker's compensation     Supplemental Security Income (SSI)     Cash assistance from State or local	Social Security     (including railroad     retirement and black lung     benefits)     Private pensions or     disability benefits				
If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)  - Allowances for off-base housing, food and dothing	government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	<ul> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>				

OPTIONAL	Children's Racial and Ethnic Identities	
•	d to ask for information about your children's race and ethnicity. This inform	mation is important and helps to make sure we are fully serving our community. e or reduced price meals.
Ethnicity (check one	Amaniaan Indian ay Alaakan Nativa 🔲 Asian 🔲 DI	Black or African American
not have to give the meals. You must inc signs the application. behalf of a foster chi Assistance for Need	ssell National School Lunch Act requires the information on this application. You do information, but if you do not, we cannot approve your child for free or reduced price lude the last four digits of the social security number of the adult household member who The last four digits of the social security number is not required when you apply on ild or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary y Families (TANF) Program or Food Distribution Program on Indian Reservations	Persons with disabilities who require alternative means of communication for program information (e.g. Braill large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where the applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USD through the Federal Relay Service at (800) 877-8339. Additionally, program information may be madevailable in languages other than English.  To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint
member signing the determine if your chi	er or other FDPIR identifier for your child or when you indicate that the adult household application does not have a social security number. We will use your information to ild is eligible for free or reduced price meals, and for administration and enforcement of fast programs. We MAY share your eligibility information with education, health, and	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:
	b help them evaluate, fund, or determine benefits for their programs, auditors for all law enforcement officials to help them look into violations of program rules.	mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
	Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations DA, its Agencies, offices, and employees, and institutions participating in or	1400 Independence Avenue, SW Washington, D.C. 20250-9410
administering USDA	programs are prohibited from discriminating based on race, color, national origin, sex, prisal or retaliation for prior civil rights activity in any program or activity conducted or	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 Eligibility: How often? **Total Income** Weekly Bi-Weekly 2x Month Monthly **Household Size** Free Reduced Denied **Categorical Eligibility** Confirming Official's Signature **Determining Official's Signature** Date Date Verifying Official's Signature Date