

FREE MEALS FAMILY APPLICATION SUMMER 2019

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](#)ⁱ 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 [MICHild website](http://www.michigan.gov/michild) 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).

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	Grade	Student? Yes No	Homeless, Migrant, Runaway Foster Child
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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?

If NO > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write 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)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

How often?
Child income 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 gross income (before taxes) for each source in whole dollars (no cents) 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 Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	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 style="width: 100%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To: YMCA Camp Copneconic, 10407 N Fenton, Rd, Fenton, MI 48430

"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."

<input style="width: 100%;" type="text"/>	Apt #	<input style="width: 100%;" type="text"/>	City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>	Zip	<input style="width: 100%;" type="text"/>	Daytime Phone and Email (optional)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Printed name of adult signing the form		Signature of adult						Today's date	

