

South Redford School District  
26141 SCHOOLCRAFT ROAD  
REDFORD, MICHIGAN 48239 (313) 535-4000  
<http://southredford.net>

July 1, 2010

Dear Parents and Guardians,

South Redford School District is proud of the partnership we have established with ARAMARK to provide students and staff with nutritious and wholesome meals. We look forward to our continued partnership with ARAMARK for the next school year. Below are the meal prices for the 2010 – 2011 school year, which the Board of Education approved at the regular Board of Education meeting of Monday, June 14, 2010.

Breakfast at all schools \$1.25 for paying students and \$ .30 for reduced.

Lunch

- Elementary \$2.25 for paying students and \$ .40 for reduced
- Pierce Middle school \$2.50 for paying students and \$ .40 for reduced
- Thurston High school \$2.75 for paying students and \$ .40 for reduced

If your child qualifies for the Free Meal Program, they are qualified to receive both breakfast and lunch at school. Attached is a letter to parents and guardians with frequently asked questions and answers regarding the Free and Reduced Meal Program, a copy of the application instruction sheet and a copy of the Free and Reduced Price School Meals Family Application. Only one application should be completed per household as the application covers all school-aged children in your household.

The application process takes seven to ten business days and in order to be processed applications must be filled out completely. Incomplete applications may result in denial of benefits.

The district provides payment options for parents and guardians who wish to prepay for their child's meals in addition to cash payments.

- PaySchools: An online payment system, which allows parents and guardians, to logon to the PaySchools system to make payments. Please note that a nominal service fee will be charged for using the PaySchools service.
- Checks: Make checks payable to South Redford School District. It is important that you include your child's full name on the check. Submit checks to your child's school.

An added feature the district provides is the opportunity for parents and guardians to monitor their child's meal account online through ParentConnection. Contact the front office of your child's school for an ID and password to access ParentConnection. Direct your questions regarding your child's food service account to Carrie Morfino, Director of Food Services at 313-535-4000, ext. 1183 or e-mail [morfca01@southredford.net](mailto:morfca01@southredford.net).

Sincerely,



Brian Galdes  
Interim Superintendent of Schools

# Free and Reduced Meal Program Information Letter and Application Instructions 2010 – 2011 School Year

July 1, 2010

Dear Parent/Guardian:

Children need healthy meals to learn. South Redford School District offers healthy meals every school day. Students may purchase breakfast daily at all schools for \$ 1.25 lunch prices vary as follows: Elementary lunch \$ 2.25, Pierce Middle School lunch is \$ 2.50 and Thurston High School lunch is \$ 2.75. Your children may qualify for free meals or for reduced price meals. Your children may qualify free meals or reduced price meals. Reduced meals are available for purchase at all schools as follows: breakfast price is \$ 0.30 and lunch price is \$ 0.40

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 by a licensed physician at no extra charge. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please contact the ARAMARK Food Service Director, Ms. Carrie Morfino at 313-535-4000, ext. 1183 or e-mail [morfca01@southredford.net](mailto:morfca01@southredford.net)

- 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: **South Redford School District, Food Service Department, ARAMARK Food Service Director, Ms. Carrie Morfino, 26255 Schoolcraft Redford, MI 48239 or call 313-535-4000 extension 1183.**
- 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 most 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 homeless, runaway, and migrant children get free meals?** Please call **Mrs. Sheila Horbatch, at 313-535-4000 extension 1032**, homeless liaison or migrant coordinator to see if your child(ren) qualify if you have not been informed that they will get free meals.
- 4. 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 Chart.
- 5. 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 carefully and follow any instructions if provided. Call the Food Service Director, Ms. Carrie Morfino at 313-535-4000, ext. 1183 or e-mail [morfca01@southredford.net](mailto:morfca01@southredford.net) if you have questions.
- 6. 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.
- 7. I get 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.
- 8. Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
- 9. 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.

- 10. 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 the **Interim Superintendent of Schools, Brian Galdes, at 313-535-4000, extension 1001.**
- 11. 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.
- 12. 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.
- 13. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 14. 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.
- 15. 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](http://www.michigan.gov/michild) or call 1-888-988-6300 for help or to request a paper application.
- 16. My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
- 17. My family needs more help. Are there other programs we might apply for?** To find out how to apply for Supplemental Nutrition Assistance Program (SNAP) or other assistance benefits, contact your local assistance office or call 1-800-481-4989.

Sincerely,

Ms. Carrie Morfino  
ARAMARK, INC. Food Service Director

## Application Instructions

### **If you are applying for a FOSTER CHILD, follow these instructions:**

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: **Use a separate application for each foster child.** List the child's name, school, and grade. Do not list other household members. A foster child is considered a household of one.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.
- Part 8: Answer this question if you choose to.

**[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 anyone in your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: Answer the question by circling either YES or NO. If you circle YES, you must list a case number in the space provided for the specific program.
- Part 4: Fill out with only the student's names, grades and schools in your household. Filling in non-student names is not necessary.
- Part 5: Skip this part.
- Part 6: Sign and date the form. A social security number is not necessary.

### **ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part if it was not applicable to your household.
- Part 4: Follow these instructions to report **all** household members:
- Column 1 - Name:** 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 students. Attach another sheet of paper if needed.
  - Column 2 – Grade:** Fill in the grade of each student in your household.
  - Column 3 – School Name:** Fill in the school name each student in your household is attending.
- Part 5: Gross Income: Use this section to report all income in your household from the previous month: For all household members (including students, young children, grandparents, relatives, etc) that are not receiving any income, **circle the \$0 indicating NO income for that person.**
- o 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).*
  - o *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.
  - o *All other income:* List the amount each person got last month from welfare, child support, and alimony in the next column. List the amount each person got last month from pensions, retirement, and Social Security in the respective column. List All Other Income sources in the last column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
- Part 6: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."
- Part 7: Skip this part.
- Part 8: Answer this question if you choose to.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

**Part 1 - Foster Child**  Yes Child's spending money per month \$\_\_\_\_\_. If none available, list \$0. **Only list the foster child's name, grade and school in Part 4.**  
 Only the foster child's spending money is counted as income on a foster child application. **Complete a separate application for EACH foster child.**

**Part 2 -** \_\_\_ Homeless \_\_\_ Migrant \_\_\_ Runaway **Only list the child's name, grade and school in Part 4.**  
 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 \_\_\_\_\_

**Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)**  
 If yes, you **MUST** list a case number - Food Assistance Program # \_\_\_\_\_ Family Independence Program # \_\_\_\_\_ FDPIR # \_\_\_\_\_  
 \* Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

| Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you. |   |   | Part 5 - Total Household Gross Incomes<br>Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6. |  |               |                                    |               |  |               |                  |               |        |               |               |
|---|---|---|--|--|---------------|------------------------------------|---------------|--|---------------|------------------|---------------|--------|---------------|---------------|
| Names (Last, First)   | Grade<br><small>(if applicable)</small> | Building Name<br><small>(if applicable)</small> | Circle if<br>NO Income   | Earnings from Work<br><small>(before any deductions and taxes)</small> |               | Welfare, Child Support,<br>Alimony |               | Pensions, Retirement,<br>Social Security |               | All Other Income |               |        |               |               |
|   |   |   |  | weekly   | every 2 weeks | weekly                             | every 2 weeks | weekly                                   | every 2 weeks | weekly           | every 2 weeks | weekly | every 2 weeks |               |
| Example: Doe, Jane  |   |   | \$0  | \$600  | monthly       |                                    |               | \$250                                    | monthly       |                  |               |        |               |               |
| 1   |   |   | \$0  |  | weekly        | every 2 weeks                      |               |  | weekly        | every 2 weeks    |               |        | weekly        | every 2 weeks |
| 2   |   |   | \$0  |  | twice a month | monthly                            |               |  | twice a month | monthly          |               |        | twice a month | monthly       |
| 3   |   |   | \$0  |  | weekly        | every 2 weeks                      |               |  | weekly        | every 2 weeks    |               |        | weekly        | every 2 weeks |
| 4   |   |   | \$0  |  | twice a month | monthly                            |               |  | twice a month | monthly          |               |        | twice a month | monthly       |
| 5   |   |   | \$0  |  | weekly        | every 2 weeks                      |               |  | weekly        | every 2 weeks    |               |        | weekly        | every 2 weeks |
| 6   |   |   | \$0  |  | twice a month | monthly                            |               |  | twice a month | monthly          |               |        | twice a month | monthly       |
| 7   |   |   | \$0  |  | weekly        | every 2 weeks                      |               |  | weekly        | every 2 weeks    |               |        | weekly        | every 2 weeks |

**Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)**  
 If Part 5 is completed, the adult signing the form must also list 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 school will get Federal Funds based on the information I give. I understand that school 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:** \_\_\_\_\_

**Adult Social Security Number:** \_\_\_\_\_  **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 e-mail of your eligibility for free and reduced price school meals. |

**Part 7 - Foster Children** *In most cases foster children are eligible for free meals regardless of your household income.*

Foster Home License Number: \_\_\_\_\_ (optional)

\_\_\_\_\_ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

\_\_\_\_\_ B. The child is a resident of a licensed "Group Foster" home or residential institution.

**Part 8 - Child's Racial/Ethnic Identity** (optional)

**Check One or More Racial Identities:**

- |   |             |
|---|-------------|
| _____ American Indian or Alaskan Native         | _____ Asian |
| _____ Black or African American                 | _____ White |
| _____ Native Hawaiian or Other Pacific Islander | _____ Other |

**Check One Ethnic Identity:**

- \_\_\_\_\_ Hispanic or Latino  
 \_\_\_\_\_ Neither Hispanic or Latino

**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 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 or you list a Supplemental Nutrition Assistance Program, 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.

**Non-discrimination Statement:** *This explains what to do if you believe you have been treated unfairly.*

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**VERIFICATION - FOR SCHOOL USE ONLY**

Date Selected for Verification: \_\_\_\_\_

Confirming Officials Signature: \_\_\_\_\_

Date Follow-up/Second Notice: \_\_\_\_\_

Response Due from Household: \_\_\_\_\_

Follow-up Officials Signature: \_\_\_\_\_

**FAP/FIP Eligibility:**

- \_\_\_\_\_ Not confirmed  
 \_\_\_\_\_ Confirmed:  
 \_\_\_\_\_ Department of Human Services  
 \_\_\_\_\_ Notice of Eligibility

**Income**

- |                     |                          |
|---------------------|--------------------------|
| \$ _____            | _____ Wage Stubs         |
| _____ Weekly        | _____ Written Documents  |
| _____ Every 2 weeks | _____ Collateral Contact |
| _____ Twice a month | _____ Agency Records     |
| _____ Monthly       | _____ Other _____        |
| _____ Annual        |                          |

**Verification Result**

- \_\_\_\_\_ Free to Reduced  
 \_\_\_\_\_ Free to Paid  
 \_\_\_\_\_ Reduced to Free  
 \_\_\_\_\_ Reduced to Paid  
 \_\_\_\_\_ No Change

**Reason for Eligibility Change:**

- \_\_\_\_\_ Income  
 \_\_\_\_\_ Household Size  
 \_\_\_\_\_ Refused to Cooperate  
 \_\_\_\_\_ Other \_\_\_\_\_

**Date of Adverse Notice Sent:** \_\_\_\_\_

**Verification Official's Signature:** \_\_\_\_\_

**APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY**

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

**Household Size:** \_\_\_\_\_

**Total Gross Income: \$** \_\_\_\_\_  
 \_\_\_\_\_ Weekly  
 \_\_\_\_\_ Every 2 Weeks  
 \_\_\_\_\_ Twice a Month  
 \_\_\_\_\_ Monthly  
 \_\_\_\_\_ Annual

- \_\_\_\_\_ Foster Child  
 \_\_\_\_\_ Categorical Eligibility

**Eligibility:**

- \_\_\_\_\_ Free  
 \_\_\_\_\_ Reduced  
 \_\_\_\_\_ Paid  
 \_\_\_\_\_ Temporary Free - Time Period:  
 \_\_\_\_\_ (expires after \_\_\_\_\_ days)

**Reason for Denial:**

- \_\_\_\_\_ Income Too High  
 \_\_\_\_\_ Incomplete Application  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date Dropped/Withdrawn:** \_\_\_\_\_