



Hopkins Public Schools

"Committed to Quality Education for our Children's Future"

400 CLARK STREET • HOPKINS, MI 49328 • (269) 793-7261 • FAX (888) 557-7919 • www.hpsvikings.org

Dear Parent/Guardian:

Children need healthy meals to learn Hopkins Public Schools offers healthy meals every school day. Students may buy elementary lunch for \$2.30, secondary lunch for \$2.55 and breakfast for \$1.50. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$0.40 and breakfasts for \$0.30. 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 call Katherine Borovsky at 269-793-7286 ext. 4530.

- 1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete 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: Katherine Borovsky, Food Service Director, 400 Clark street, Hopkins, MI 49328. Phone: 269-793-7286 ext. 4530.
- 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), 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 FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. They may also be included as household members on family applications if other family members wish to apply for free or reduced price meals.
- 4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call Chris Stephens, Homeless Liaison or Migrant Coordinator, to see if your child(ren) qualify.
- 5. 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, included in this application packet.
- 6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you received carefully and follow any instructions provided. Call the school at if you have questions.
- 7. 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.
- 8. I GET WOMEN, INFANTS, & CHILDREN (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.

Hopkins High School
333 Clark Street
Hopkins, MI 49328
(269) 793-7616

Hopkins Middle School
215 Clark Street
Hopkins, MI 49328
(269) 793-7407

Hopkins Elementary
400 Clark Street
Hopkins, MI 49328
(269) 793-7286

Sycamore Elementary
2163 142nd Avenue
Dorr, MI 49323
(616) 681-9189

- 9. WILL THE INFORMATION I GIVE BE VERIFIED?**
Yes, we may ask you to send written proof of any information provided on the application.
- 10. 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, FDIPIR, or other benefits. If you lose your job, your child(ren) may be able to get free or reduced price meals.
- 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: Hopkins Public Schools, 400 Clark Street, Hopkins, MI 49328
- 12. 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.
- 13. 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 relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses), do not include them.
- 14. 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. If you have lost a job or had your hours or wages reduced, use your current income.
- 15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 16. WHAT IF MY CHILD(REN) DO NOT HAVE HEALTH INSURANCE?** Your child(ren) may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply online, go to www.michigan.gov/michild or call 1-888-988-6300 for help or to request a paper application.
- 17. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
- 18. 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 1-800-481-4989.

If you have other questions or need help, please call Katherine Borovsky at 269-793-7286 ext. 4530.

Sincerely,

Katherine Borovsky,
Food Service Director

| | Total Family Size | Annual | Monthly | Twice per Month | Every Two Weeks | Weekly |
|---|--|----------|---------|-----------------|-----------------|---------|
| Food Service Director | 1 | \$21,257 | \$1,772 | \$886 | \$818 | \$409 |
| APPLICATION INSTRUCTIONS: | 2 | \$28,694 | \$2,392 | \$1,196 | \$1,104 | \$552 |
| Your child(ren) may qualify for free or reduced price school meals if your household income falls within the limits on this chart | 3 | \$36,131 | \$3,011 | \$1,506 | \$1,390 | \$695 |
| | 4 | \$43,568 | \$3,631 | \$1,816 | \$1,676 | \$838 |
| | 5 | \$51,005 | \$4,251 | \$2,126 | \$1,962 | \$981 |
| | 6 | \$58,442 | \$4,871 | \$2,436 | \$2,248 | \$1,124 |
| | 7 | \$65,879 | \$5,490 | \$2,745 | \$2,534 | \$1,267 |
| | 8 | \$73,316 | \$6,110 | \$3,055 | \$2,820 | \$1,410 |
| | *Each additional household member add: | \$7,437 | \$620 | \$310 | \$287 | \$144 |

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

Part 1: Skip this part.

Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.

Part 3: List child(ren)'s name, grade, and building.

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 category in part 1 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 grade and building. 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 – Grade: Fill in the grade for each child attending school. Column 4 – Building Name: Fill in the building name for each child attending school.

Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month: 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).*

- All persons must claim some income, or indicate that they receive no income. If a 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."
- *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.

Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number." Part 6: Answer this question.

FREE AND REDUCED PRICE SCHOOL 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's school Homeless Liaison or Migrant Coordinator at: _____
Skip Part 2 and 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 FDIIR, 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

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.
If a case number is provided, only students need to be listed in Part 3.

| Names | Circle Yes if Foster Child | Grade (if applicable) | Building 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 | bi-weekly | monthly | every 2 weeks | weekly | bi-weekly | monthly | every 2 weeks | weekly | bi-weekly | monthly | every 2 weeks | weekly | bi-weekly | monthly | every 2 weeks |
| Example: Jane Doe | Yes | | | \$0 | \$600 | | | | | | | \$250 | | | | | | | | |
| 1 | Yes | | | \$0 | | | | | | | | | | | | | | | | |
| 2 | Yes | | | \$0 | | | | | | | | | | | | | | | | |
| 3 | Yes | | | \$0 | | | | | | | | | | | | | | | | |
| 4 | Yes | | | \$0 | | | | | | | | | | | | | | | | |
| 5 | Yes | | | \$0 | | | | | | | | | | | | | | | | |
| 6 | Yes | | | \$0 | | | | | | | | | | | | | | | | |
| 7 | Yes | | | \$0 | | | | | | | | | | | | | | | | |
| 8 | Yes | | | \$0 | | | | | | | | | | | | | | | | |

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 purposefully give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date: _____
 I do not have a Social Security Number
 Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____
44444

Home/Cell Phone: _____ Work Phone: _____
 Email Address: _____
 Zip Code: _____ County: _____

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (external)

Check One or More Racial Identities:

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- 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 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 FPIR 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 or discrimination, complete the USDA Program Discrimination Complaint Form, found online at 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. 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.

VERIFICATION - FOR SCHOOL USE ONLY

| | | | | | |
|--|--|--|--|------------------------------------|--|
| Date Selected for Verification: _____ | | Date Follow-up/Second Notice: _____ | | Date of Adverse Notice Sent: _____ | |
| Confirming Official's Signature: _____ | | Follow-up Official's Signature: _____ | | Reason for Eligibility Change: | |
| Response Due from Household: _____ | | Verification Official's Signature: _____ | | Income _____ Household Size _____ | |
| FAP/FIP/FDR/Foster Eligibility: _____ | | Income | | Refused to Cooperate _____ | |
| Confirmed: _____ | | Wage Subs _____ | | Other _____ | |
| Department of Human Services _____ | | Written Documents _____ | | NO Change _____ | |
| Notice of Eligibility _____ | | Collateral Contact _____ | | | |
| | | Agency Records _____ | | | |
| | | Other _____ | | | |
| | | Annual _____ | | | |

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: _____ | Reason for Denial: |
| Total Gross Income: \$ _____ | Income Too High _____ |
| Weekly _____ | Incomplete Application _____ |
| Every 2 Weeks _____ | Other (specify) _____ |
| Twice a Month _____ | |
| Monthly _____ | |
| Annual _____ | |
| Number of Children Free _____ | |
| Number of Children Required _____ | |
| Number of Children Paid _____ | |
| Determining Official's Signature: _____ | Date: _____ Date Dropped/Withdrawn: _____ |
| Sponsor/School Name: _____ | Recipient Code/Agreement Number: _____ |