

NORTH HURON FOOD SERVICE
2011-2012
IMPORTANT INFORMATION FOR ALL PARENTS – PLEASE READ

North Huron Schools **can** receive additional state funds based on each student that qualifies for free and reduced lunch. These extra funds allow the school to offer special programs and teacher aides for children needing additional educational help. Even if parents decide not to take free or reduced lunches the district can still collect state funds as long as parents send the application form in and qualify. **As schools face the same economic challenges that many households do in 2011 we need your help in completing a free and reduced form for possible increased Federal funding and other funding sources that base their funding formula on free and reduced membership. Let's work together for a win for both home and school.**

North Huron Schools has breakfast available daily for students. For K-12 breakfast is available each morning in the cafeteria from 7:30 a.m. to 8:00 a.m.; a second breakfast is available for students in grades 6-12 who may have missed the before school breakfast or those wishing to purchase a second breakfast at cost at the end of 1st hour, this breakfast is referred to as "Grab 'n Go" breakfast.

Applications for free and reduced meals, with instructions, will be sent home with each student. Please take the time to fill out the application form – only **one** form per family needs to be filled out. It can be returned by your child to the building office or mailed to the school. Your completing this one page form may enable our school district to provide extra help to students.

SKYWARD FOOD SERVICE MODULE

The Skyward Food Module operates much like an automatic bank teller machine. The Skyward Food Service Module uses a finger scan system and/or a pin number which allows your child (ren) to purchase their meal as qualified – on a free, reduced, or full-pay basis.

This is how the system works:

1. Lunch and Breakfast will be available to all students every day.
2. Meal payments **must** be made in advance. Deposits are to be turned into the office by 9:30 a.m.; you may make deposits for any amount; if payment is received after 9:30 a.m. it will be posted into your family account the next day. The amount will be deposited in each student's family account via computer.
3. Each student is issued an individual pin number. The student's finger scan and pin number are assigned to the student and the family account. The student will scan their finger through the system on the finger pad each time a meal is purchased or they will enter their pin number. Students will be instructed on how to scan their fingers. Younger students will be assisted.
4. When the finger is scanned or the pin number is entered, the price of the meal is deducted from the family account and the remaining balance of the family account is shown on the computer screen, allowing your child to see if funds are needed.
5. The confidentiality of the student's eligibility in the school breakfast and lunch program is maintained. This allows students to purchase meals whether in a free, reduced, or paid category

as only a dollar (\$) value is displayed. A dollar amount is automatically calculated for free meals, and this pre-set dollar amount shows on the screen as a balance.

6. To help ensure that each child wishing to purchase lunch is able to do so and there are no shortages; students wishing to purchase a second meal may do so only after they have purchased and finished their first meal. They will then be able to go back through line for a second full meal at the full meal price. Only students in grades 6-12 may purchase a second meal.
7. Parents may view their family account balance and student's purchases through Skyward Parent and Student Access which can be accessed through the school website at www.nhuron.org. Please contact Charlotte Sosnoski, Superintendent's Secretary if a log-in and password are needed.

STUDENT MEAL PRICES

	Brkfst	Lunch	Extra Milk	2nd Meal
K - 5	1.10	1.90	0.30	n/a
6th - 12th	1.35	2.15	0.30	2.15
Adult	2.10	3.15	0.30	3.15

Students who are free or reduced are entitled to one meal at that price; which includes one milk. If students who qualify for free or reduced lunch in grades 6-12 wish to have a second meal or second milk they will be charged **\$2.15** for **each meal after the first** and **\$0.30** for **each**, additional, milk. Elementary students will be charge \$0.30 - for **each**, additional, milk.

Students who are free or reduced and bring a cold lunch to school and wish to purchase milk will be charged \$0.30 for **each** carton.

Students will need to keep track of their account balances when going through the meal line. School Policy is that if students do not have money in their account they may be refused school meals or served a peanut butter sandwich until the account is brought up to date.

Money **will not** be accepted while going through the lunch line. Students need to make sure that they deposit their money in either the high school office or elementary office in the **morning**. All monies are deposited into the students' accounts by 9:30 a.m. each day in the superintendent's office.

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 to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Dear Parent/Guardian:

Children need healthy meals to learn. North Huron offers healthy meals every school day. Students in grades K-5 may buy lunch for \$1.90 and breakfast for \$1.10, students in grades 6-12 may buy lunch for \$2.15 and breakfast for \$1.35. 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 Charlotte Sosnoski at (989) 874-4100 or email sosnocha@nhuron.org.

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: Charlotte Sosnoski, North Huron School, 21 Main Street, Kinde, MI 48445
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.
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 Tanya Kramer, (989) 874-4101, 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.
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 got carefully and follow any instructions if provided. Call the school at (989) 874-4100 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.
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, FDPIR, or other benefits. If you lose your job, your children 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: Martin Prout, Superintendent, North Huron School, 21 Main Street, Kinde, MI, 48445 (989) 874-4100.

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 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 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 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.

Sincerely,

Charlotte Sosnoski
Administrative Assistant
sosnocha@nhuron.org
www.nhuron.org

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
*Each additional household member add:	\$7,067	\$589	\$295	\$272	\$136

APPLICATION INSTRUCTIONS:

Your children may qualify for free and reduced price school meals if your household income falls within the limits on this chart.

IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDPPIR, 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 FDPPIR.

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 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).*

- o *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."*
- 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 *Welfare, Child Support, and Alimony:* List the amount each person received last month.
- o *Pensions, Retirement, and Social Security:* List the amount each person received last month.
- o *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/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 FDPIR, 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/FDPIR number in Part 2, skip to Part 5.

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	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks		
Example: <i>Jane Doe</i>	Yes			\$0	\$600	twice a month	monthly	twice a month	monthly	\$250	twice a month	monthly	twice a month	monthly
1	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
2	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
3	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
4	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
5	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
6	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly
7	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
8	Yes			\$0		twice a month	monthly	twice a month	monthly		twice a month	monthly	twice a month	monthly

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.

Part 6 - 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 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.

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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired 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 Officials Signature: _____		Follow-up Official's Signature: _____		_____
Response Due from Household: _____		Verification Official's Signature: _____		_____
FAP/FIP/FDPIR/Foster Eligibility: <input type="checkbox"/> Not confirmed Confirmed: <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Notice of Eligibility	Income \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	_____ Wage Stubs _____ Written Documents _____ Collateral Contact _____ Agency Records _____ Other _____	Verification Result <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change	Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____

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: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	_____ Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____
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Determining Official's Signature: _____ **Date:** _____ **Date Dropped/Withdrawn:** _____