



St. Joseph
Elementary & Middle School
Educating today's students to be tomorrow's leaders

INFORMATION REGARDING FREE AND REDUCED LUNCHES

Dear Parent/Guardian:

Children need healthy meals to learn. St. Joseph School offers healthy meals every school day. Students may buy lunch for \$3.50. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for .40 cents. 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 Mrs. Lund.

- 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 **Mrs. Lund**.
- 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. Lund at 248.693.6215, or the area 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 you got carefully and follow any instructions if provided. Call the school at 248.693.6215 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 household 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 to: Sr. Theresa Darga, 703 N. Lapeer Road, Lake Orion, MI 48362.
- 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 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,

Mrs. Lund

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 - 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 _____
List the Child's Name, Grade, and Building in Part 3.
 _____ Homeless _____ Migrant _____ Runaway

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.

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		
				\$0	any other income	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly	every 2 weeks	weekly
Example: Jane Doe	Yes			\$0	\$600	weekly	every 2 weeks	weekly	every 2 weeks	\$250	weekly	every 2 weeks	weekly	every 2 weeks
1	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
2	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
3	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
4	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
5	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
6	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
7	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks
8	Yes			\$0		weekly	every 2 weeks	weekly	every 2 weeks		weekly	every 2 weeks	weekly	every 2 weeks

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

<small>Home/Cell Phone</small>	<small>City</small>	<small>Zip Code</small>	<small>County</small>
<small>Address</small>	<small>Email Address</small>	<small>By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.</small>	

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

Check One or More Racial Identities:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> 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.

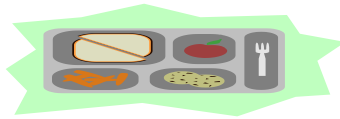
VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____		Date Follow-up/Second Notice: _____		Date of Adverse Notice Sent: _____	
Confirming Official's Signature: _____		Follow-up Official's Signature: _____		_____	
Response Due from Household: _____		Verification Official's Signature: _____		_____	
FAP/FIP/FDPIR/Foster Eligibility: <input type="checkbox"/> Not confirmed <input type="checkbox"/> Confirmed: _____ Department of Human Services _____ Notice of Eligibility		Income \$ _____ _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual		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 Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____		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: _____	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____
Total Gross Income: \$ _____ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual	Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)
Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____	



HOT LUNCH PROGRAM ORDERING INSTRUCTIONS - 2011-2012 PLEASE SAVE

HELLO FROM THE ST. JOSEPH SCHOOL CAFETERIA! Important Lunch Notes:

- Cafeteria hot lunches will be served on full school days, August 29, 2011 through May 31, 2012 for Kindergarten through 8th grade.
- Ordering on-line is the preferred method. Ordering instructions are below.
- The ordering period is the 1st to the 10th of every month, for the next month's order. See the school calendar for specific dates.
- Lunches served by the cafeteria staff, Monday through Thursday, consist of an entrée, fresh or frozen vegetables, fresh or canned fruit and milk (white, 2% or skim or chocolate).
- Fridays are pizza days. This fun lunch is served by the 8th grade families and supports their fundraising efforts toward the Washington, D.C. trip.
- The price per lunch per day is \$3.50. An additional serving of the main entrée is available for \$1.75 for those students ordering a lunch.
- If your child forgets to bring a lunch, they can receive a hot lunch on an IOU basis which will be added to your lunch account balance and paid with the next order.
- Milk is available daily for all students for .50 per carton or by bringing in a pre-paid milk ticket. No IOU's will be allowed for milk. Milk tickets may be purchased in the office. Tickets will be sent home using backpack mail via the oldest student after payment is received.
- 6th, 7th and 8th grade students may purchase a-la-carte items on a daily basis beginning Sept. 6, 2011.
- Credits for lunches will only be issued for emergency closures and spontaneous field trips. No credit or refund will be issued for days a child is absent.
- The State of Michigan has a free and reduced lunch program applicable to some families; information about this is included in the August packet. Please contact Mrs. Lund with questions at alund@stjosephlakeorion.org.

ON-LINE ORDERING INSTRUCTIONS

Our on-line ordering system is with Lunch Works. Please note that the ID and password assigned to your family will be used all year for ordering hot lunch. **PASSWORDS FROM LAST YEAR have been reset to "temp"**. Please save these instructions, your ID and password for all ordering periods. Please contact Mary Ellen Marion at mmarion@stjosephlakeorion.org if you need assistance or would like a paper order form.

LOGGING IN:

- Access www.stjosephlakeorion.org. Quick Links, Lunches. Proceed to step 3.
- OR access directly www.OrderHotLunch.com/MI/StJoseph/. Proceed to step #3
- Enter User Id: Father last name and father's first initial. John Smith would be smithj
- Enter password of temp. Last year passwords have been reset to temp. Click Login.

ORDERING: You must proceed through all steps for your lunch order to be completed.

LUNCH:

- In the Lunch section of the directory, click the Order Form link. The order form for your first child will appear.
- Select the desired items for that child for each day
- Click the "Click here to save the orders for this child" button
- Select the next student from the list above and repeat this process for each child

MILK TICKETS:

- Milk tickets can be ordered and purchased through the school office only.

CHECK OUT:

- After all orders are placed, Check Out screen will show total and payment amount.
- Click Pay now, add check # in reference box.
- Click Submit. A confirmation and account summary will appear for your records. If there is an error message, check the information entered and resubmit.
- You must go through the check out process to complete your order. If you ordered Milk Tickets you must Check Out twice. One time for Hot Lunch and one time for Milk Tickets.

STATEMENT:

- When order is complete, In the Past Activity section of the directory, click the Statements link
- You can look at the statement in summary mode or click on the + icons to see detail.
- You can access and print past statement by using the list near the top of the screen
- Send check payable to St. Joseph School, in envelope, addressed "Lunch", by the 11st of each month ordering.

CONFIRMED ORDERS:

- In the Past Activity section of the directory, click the Confirmed Orders link
- Select a child and the month to view. This shows a calendar of orders for your copy.
- Print a copy for your records.

LOG OUT:

- You are done! You can login any time to view your statements, but you will only be able to place orders from the 1st -10th of each month for the next month orders.