

Dear Parent/Guardian:

Children need healthy meals to learn. **Grandville Public Schools** offers healthy meals every school day. Students may buy lunch for \$ **Elem-\$1.75 & JH/SH-\$1.85** and breakfast for \$ **\$1.10**. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$ **.40** and breakfasts for \$ **.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. For further information, please call **Shellie Klaver at 616-254-6404**. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.

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: **Shellie Klaver, 4700 Canal SW, Grandville, MI 49418.**
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 **Peggy Bultema-616-254-6768**, 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 shown on page two of this letter.
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 **616-254-6404** if you have questions.
6. **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.
7. **Will the information I give be checked?** Yes, we may ask you to send written proof of any information provided on the application.
8. **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.
9. **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: **Debra Reese, 3839 Prairie SW, Grandville, MI 49418, 616-254-6550.**
10. **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.
11. **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.
12. **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.
13. **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.
14. **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.

Sincerely,  
Shellie Klaver

**Application Instructions:**

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

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$835	\$771	\$386
2	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
*For each additional household member add:	\$6,919*	\$577*	\$289*	\$267*	\$134*

**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: **Use a separate application for each foster child.** List the child's name, school, and grade.
- 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 choose to.
- Part 7: 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 at 616-254-6768.** Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

**If your entire 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: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a FAP, FIP, or FDPIR case number.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.

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

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: If the student is new to the district/school check "Yes." List each student(s) name, school, and grade.
- Part 4: Follow these instructions to report total household income from last month.

**Column 1- Name:**

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Be sure to include all students listed in Part 3. Attach another sheet of paper if you need to.

**Column 2- Gross Income:**

- 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).*
  - *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.
  - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth 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.
  - If the person does not have any income, circle "\$0" in the last column "Circle if NO income."

- Part 5: 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 6: Skip this part.
- Part 7: Answer this question if you choose to.