



WHITEFORD AGRICULTURAL SCHOOL DISTRICT  
BUSINESS OFFICE

6655 CONSEAR ROAD, OTTAWA LAKE, MI 49267  
PHONE – 734.856.1443 FAX – 734.854.6463

August 12, 2024

Dear Parent or Guardian:

We are pleased to inform you that Whiteford Agricultural Schools will again be participating in the Michigan School Meals Program as part of the National School Lunch and School Breakfast Programs for the 2024-2025 school year.

The GREAT NEWS is that ALL students enrolled at our school can receive ONE healthy breakfast and ONE lunch at NO CHARGE to your household each day.

**We still need your household to complete the Free and Reduced-Price Meal Application. The easiest way to complete the application is by submitting your information at <https://whiteford.familyportal.cloud>, which can be accessed from the district's website on the Food Service page. If unable to submit via the family portal link, complete the paper application and return to the school district as soon as possible.**

This information is **critical** in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc. These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology
- Pandemic-EBT

We are asking that you please complete the application and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. Information on the application submitted is confidential. Without your assistance in completing and returning the attached application, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact Cathy Machcinski at 734-856-1443 ext. 111.

Sincerely,

Marisa Tebbe-Cousino  
Director of Finance & Business Services

# FREQUENTLY ASKED QUESTIONS ABOUT THE EDUCATION AND NUTRITION BENEFITS WITH THE MICHIGAN SCHOOL MEALS PROGRAM

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Dear Parent/Guardian:

Our school offers healthy meals each day. For school year 2024-2025, we are joining the Michigan School Meals Program. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Education and Nutrition Benefits Application is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other programs.

## 1. WHO CAN GET ADDITIONAL EDUCATION BENEFITS?

- All children in households receiving benefits from the **Food Assistance Program (FAP)**, **Family Independence Program (FIP)**, or **Food Distribution Program on Indian Reservations (FDPIR)** are eligible.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible.
- Children participating in their school's Head Start program are eligible.
- Children who meet the definition of homeless, runaway, or migrant are eligible.
- Children may receive education benefits if your household's income is within the limits of the Federal Income Eligibility Guidelines on this chart.

**FEDERAL INCOME ELIGIBILITY CHART for School Year 2024-2025**

| Household Size          | Annually | Monthly | Weekly |
|-------------------------|----------|---------|--------|
| 1                       | 27,861   | 2,322   | 536    |
| 2                       | 37,814   | 3,152   | 728    |
| 3                       | 47,767   | 3,981   | 919    |
| 4                       | 57,720   | 4,810   | 1,110  |
| 5                       | 67,673   | 5,640   | 1,302  |
| 6                       | 77,626   | 6,469   | 1,493  |
| 7                       | 87,579   | 7,299   | 1,685  |
| 8                       | 97,532   | 8,128   | 1,876  |
| Each additional person: | 9,953    | 830     | 192    |

2. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail:

Grades K-5 .....Marcy Anderson ...734-856-1443, ext. 113.....[anderson@whiteford.k12.mi.us](mailto:anderson@whiteford.k12.mi.us)

Grades 6-12.....Jen Head.....734-856-1443, ext. 216.....[head@whiteford.k12.mi.us](mailto:head@whiteford.k12.mi.us)

3. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. *Use one 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: **Business Office, Whiteford Schools, 6655 Consear Road, Ottawa Lake, MI 49267.**



4. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED THROUGH DIRECT CERTIFICATION?** No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Cathy Machcinski, Business Office; 734-856-1443, ext. 111; cathy.machcinski@whiteford.k12.mi.us** immediately.
5. **CAN I APPLY ONLINE?** Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://whiteford.familyportal.cloud> to begin or to learn more about the online application process. Contact **Cathy Machcinski, Business Office; 734-856-1443, ext. 111; cathy.machcinski@whiteford.k12.mi.us** if you have any questions about the online application.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year, through **October 15, 2024**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible, you will not receive additional education benefits and your school could lose out on additional funding.
7. **I GET WIC. DO I NEED TO COMPLETE AN APPLICATION?** Children in households participating in WIC may be eligible for supplemental benefits. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible if the household income drops below the income limit.
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: **Scott Huard; 734-856-1443, ext. 101; scott.huard@whiteford.k12.mi.us**.
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY; DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper and attach it to your application. Contact **Cathy Machcinski, Business Office; 734-856-1443, ext. 111; [cathy.machcinski@whiteford.k12.mi.us](mailto:cathy.machcinski@whiteford.k12.mi.us)** to receive a second application.
16. **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 [https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en\\_US](https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US).

If you have other questions or need help, call **734-856-1443, ext. 111**.

Sincerely,



Marisa Tebbe-Cousino  
Director of Finance & Business Services



Please use these instructions to help you fill out the application for Education and Nutrition Benefits with the Michigan School Meals Program. You only need to submit one application per household, even if your children attend more than one school in the Whiteford Agricultural School District. The application must be filled out completely to certify your children for education benefits, including Summer EBT. Please follow these instructions in order. Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Cathy Machcinski; [cathy.machcinski@whiteford.k12.mi.us](mailto:cathy.machcinski@whiteford.k12.mi.us); 734-856-1443, ext. 111.

**PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.**

### **STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12**

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending Whiteford Agricultural Schools, regardless of age.

**A) List each child's name.** Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

**B) Is the child a student at Whiteford Schools?** Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Whiteford Agricultural Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

**C) Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing **STEP 1**, go to **STEP 4**.

Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.

**D) Are any children homeless, migrant, or runaway?** If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now to prevent the school district from potentially needing to contact you later

### **STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?**

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP) or Food Assistance Program (FAP).
- Temporary Assistance for Needy Families (TANF) or Family Independence Program (FIP).
- The Food Distribution Program on Indian Reservations (FDPIR).

**A) If no one in your household participates in any of the above listed programs:**

- Leave **STEP 2** blank and go to **STEP 3**.

**B) If anyone in your household participates in any of the above listed programs:**

- Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your MDHHS caseworker.  
Go to **STEP 4**.



### STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

#### How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty, or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

#### 3.A. REPORT INCOME EARNED BY CHILDREN

**A) List all income earned or received by children.** Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

#### 3.B. REPORT INCOME EARNED BY ADULTS

##### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, *even if they are not related and even if they do not receive income of their own.*
- **Do NOT include:**
  - People who live with you but are not supported by your household's income AND do not contribute income to your household.
  - Infants, children, and students already listed in **STEP 1.**

**B) List adult household members' names.** Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

**C) Report earnings from work.** List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

**D) List income from public assistance/child support/alimony.** List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. *Do not report the cash value of any public assistance benefits NOT listed on the chart.* If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

**E) List income from pensions/retirement/all other income.** List all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.



### STEP 3: LIST ALL HOUSEHOLD MEMBERS AND INCOME FOR EACH MEMBER

**F) List total household size.** Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced-price meals.

**G) Provide the last four digits of your Social Security Number.** An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

### STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

***An adult member of the household must sign the application. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.***

**A) Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

**B) Print and sign your name and write today's date.** Print the name of the adult signing the application and that person signs in the box "Signature of adult."

**C) Mail Completed Form to:**

Whiteford Agricultural Schools  
Attn: Business Office  
6655 Consear Road  
Ottawa Lake, MI 48267

### Optional

**Share children's racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced-price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

**Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility will be delayed.**



# Cafeteria Meal Payment Guidelines

2024-2025 School Year

Whiteford Schools utilizes a computerized sale system for all cafeteria sales. This system – called **Meal Magic®** – benefits the school, staff, students and parents alike.

**Note:** Whiteford Agricultural Schools will again be participating in the Michigan School Meals program as part of the National School Lunch and School Breakfast Programs for the 2024-2025 school year. **THE GREAT NEWS IS that all students enrolled at our schools can receive ONE healthy breakfast and ONE lunch each day at NO CHARGE to your household (second meals will be charged at the normal price, as well as any ala carte purchases).**

We still need your household to complete the Free and Reduced-Priced Meal Application since the amount of money the district receives from a variety of State and Federal supplemental programs is based on the number of students who "qualify" for free or reduced-price meals. It is easiest to complete the application via the Family Portal link at <https://whiteford.familyportal.cloud>; a link can be accessed from the district's website on the Food Service page. If unable to submit electronically, please complete the paper application and return it to the school district as soon as possible.

**DEPOSITS TO ACCOUNTS:** For efficiency in moving students/staff through the serving line in a timely manner, students/staff will need to pre-pay for their ala carte/meal purchases. Deposits to individual accounts can be made in any denomination (i.e., \$10, \$20, \$50 or more) or based on individual meal prices. All deposits need to be made at the school by cash or check; at this time the district is unable to accept online deposits for meal service. Deposit envelopes and secure bins for dropping off deposits are located outside the elementary cafeteria, high school office and middle school staff lounge.

If you have more than one child in the school district, you only need to write one check for their ala carte purchases, regardless of which building(s) they are in. Simply indicate on the deposit envelope the names of the children, student ID numbers and how much you want in each account. We can split funds evenly between family/household members (i.e., \$60 split between three children = \$20 towards each account) or designated amounts by child. If there is no designation on the envelope, deposits will be split evenly between family/household members.

**Deposits made between the hours of 7:00 a.m. – 11:00 a.m. will be applied to accounts that day; deposits made after 11:00 a.m. will become available the following business day.** It's important that students/staff drop off deposits before the start of the school day. It is recommended that students/staff deposit money in their account to cover 2 weeks or more of food purchases at a time.

**ACCOUNT BALANCES:** Account balances can be viewed 24 hours a day/7 days a week online at the website listed below (a link to this site is also available on the district's website (*OUR DISTRICT / FOOD SERVICE / then scroll down to the right under the RESOURCES heading*)). Balances will be carried over from one school year to the next.

<https://whiteford.familyportal.cloud>

**LOW BALANCE NOTICES:** No automatic email notices will be sent this year due to the free Michigan School Meals Program. Parents should regularly keep track of their student's account balance via the above website as they may run low on funds for ala carte purchases.



**CASH WITHDRAWALS:** Account balances will stay with the individual until the individual leaves the school district. No cash withdrawals are allowed from any account for any reason during the school year. Balances on accounts in excess of \$10.00 will be refunded to individuals who leave the district or graduate, if a request is made in writing by the parent and a mailing address is provided.

**CHANGE RETURN GUIDELINE:**

- ◆ Elementary Students: The district has implemented a "no change" guideline for students in the elementary building. Any student presenting cash for a transaction will not have change returned to them; it will be applied to their individual account.
  
- ◆ Middle/High School Students: Students are discouraged from presenting cash for transactions. It is suggested that students in the middle/high school also have their "change" applied to their individual accounts. Change will only be given if requested.

**FREE & REDUCED-PRICE MEAL APPLICATIONS:** Families are encouraged to submit applications for free or reduced priced meals any time the family financial situation changes. If you have an Internet connection available, you may complete the application online at <https://whiteford.familyportal.cloud>. A link to this site is also available on the district's website (*OUR DISTRICT / FOOD SERVICE / then scroll down to the right under the RESOURCES heading*). This secure online application method will speed up the processing of your application.

***Please keep in mind that changes in eligibility status are not final until approved by the appropriate district official. You will receive written notification of the status of your application when processed.***

**PIN NUMBER – MS/HS STUDENTS:** Students in grades 6-12 will need to know their 5-digit student ID number, which will also serve as their PIN number. As students appear at the register, they simply key in their PIN number and their account information will appear on the cashier's register screen, along with a photo of the student and pertinent information (i.e., account balance).

**SECOND (2<sup>ND</sup>) MEALS:** Students desiring a second meal during the meal period will be allowed to purchase an additional meal; however, it will be charged at the full meal rate.

Thank you for your cooperation with our food service point of sale system guidelines. Questions should be directed to the Business Office at 734.856.1443, ext. 111.



**2024-2025 Education and Nutrition Benefits**

Apply online: <https://whiteford.familyportal.cloud>

Complete one application per household. Please use a pen (not a pencil).

**STEP 1: List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need more space for names**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

| Child's First Name | MI    | Child's Last Name | Student?                 |                          | School | Grade | Foster Child             | Homeless Migrant, Runaway | If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D. |
|--------------------|-------|-------------------|--------------------------|--------------------------|--------|-------|--------------------------|---------------------------|---|
|                    |       |                   | Yes                      | No                       |        |       |                          |                           |   |
| 1) _____           | _____ | _____             | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____ | <input type="checkbox"/> | <input type="checkbox"/>  |   |
| 2) _____           | _____ | _____             | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____ | <input type="checkbox"/> | <input type="checkbox"/>  |   |
| 3) _____           | _____ | _____             | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____ | <input type="checkbox"/> | <input type="checkbox"/>  |   |
| 4) _____           | _____ | _____             | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____ | <input type="checkbox"/> | <input type="checkbox"/>  |   |
| 5) _____           | _____ | _____             | <input type="checkbox"/> | <input type="checkbox"/> | _____  | _____ | <input type="checkbox"/> | <input type="checkbox"/>  |   |

**STEP 2: Do any Household Members (including you) currently participate in: SNAP, TANF, or FDPIR?**

If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: \_\_\_\_\_  
 (Write only one case number in this space)

**STEP 3: List ALL household members and income for each member (before taxes and deductions). Skip this step if you answered "YES" to STEP 2.**

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by ALL children listed in STEP 1 here.

Child Income \_\_\_\_\_ How Often? Please put an X  
 Weekly  Bi-Weekly  2x Month  Monthly  Annually   
 \$ \_\_\_\_\_

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

**PLEASE PRINT**

| Name of Adult Household Members (First and Last) | Earnings from Work | How often received?      |                          |                          |                          |                          | Public Assistance/<br>Alimony/Child Support | How often received?      |                          |                          |                          |                          | Pensions/Retirement/<br>All Other Income | How often received?      |                          |                          |                          |                          |
|--|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                    | Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  | Annually                 |   | Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  | Annually                 |  | Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  | Annually                 |
| 1) _____   | \$ _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) _____   | \$ _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) _____   | \$ _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) _____   | \$ _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) _____   | \$ _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Household Members (Children and Adults) \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member (if Applicable) \_\_\_\_\_ Check if no SSN

**STEP 4: Contact information and adult signature. RETURN COMPLETED FORM TO: Business Office, Whiteford Schools, 6655 Consear Road, Ottawa Lake, MI 49267**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (Optional) \_\_\_\_\_ Email (Optional) \_\_\_\_\_

Printed Name of Adult Signing Form \_\_\_\_\_ Signature of Adult \_\_\_\_\_ Today's Date \_\_\_\_\_



**SOURCES AND EXAMPLES OF INCOME:** for additional information in income, please refer to the instructions that accompany this application.

| Sources of Child Income   | Examples  |
|---|---|
| Earnings from work  | A child has a regular full or part-time job where they earn a salary or wages   |
| Social Security<br>- Disability Payments<br>- Survivor's Benefits | A child is blind or disabled and receives Social Security Benefits.<br>A parent is disabled, retired, or deceased, and their child receives Social Security benefits. |
| Income from person outside the household                          | A friend or extended family member regularly gives a child spending money.  |
| Income from any other source                                      | A child receives regular income from a private pension fund, annuity, or trust.   |

| Sources of Adult Income                     | Examples  |
|---|---|
| Earnings from work                          | Salary, wages, cash bonuses / Net income from self-employment (farm or business)<br>-If you are in the U.S. Military: -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>-Allowances for off-base housing, food and clothing |
| Public Assistance / Alimony / Child Support | -Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI)<br>-Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits   |
| Pensions / Retirement / All Other Income    | -Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities<br>-Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household                    |

**OPTIONAL:** Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Not Hispanic or Latino  
**Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**Use of Information Statement: The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms.** We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA

(1) by: mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202) 690-7442; or  
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**\*Do not mail applications to this address, only complaints of discrimination**

This institution is an equal opportunity provider.

**DO NOT FILL OUT: For School Use Only**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

**Total Income:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ **Household Size:** \_\_\_\_\_ **Categorical Eligibility:** \_\_\_\_\_ **Eligibility:** \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Determining Official's Signature Date

\_\_\_\_\_  
Confirming Official's Signature Date

\_\_\_\_\_  
Verifying Official's Signature Date