

Household Size	Annually	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	\$31,894	\$2,658	\$614
3	\$40,182	\$3,349	\$773
4	\$48,470	\$4,040	\$933
5	\$56,758	\$4,730	\$1,092
6	\$65,046	\$5,421	\$1,259
7	\$73,334	\$6,112	\$1,411
8	\$81,622	\$6,802	\$1,570
Each additional person:	\$8,288	\$691	\$160

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 haven't been told your children will get free meals, please call or e-mail **Robyn Hall, homeless liaison, at (517) 769-8652 or Robyn.Hall@myeagles.org**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals 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: **Columbia Food Service, 11775 Hewitt Road, Brooklyn, MI 49230.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? 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 **Lindsay Kent @ (517)769-8708 or Lindsay.Kent@myeagles.org** immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if your application has the same requirements and will only pay for the cost of the application.

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 **Lindsay Kent@ (517)769-8708** or **Lindsay.Kent@myeagles.org** 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 or call **1-855-275-6424**.

If you have other questions or need help, call **(517)769-8708**.

Sincerely,

Lindsay Kent

Food Service Director, Columbia School District

(517) 769-8708

HOW TO COMPLETE APPLICATION

You fill out the application for free or reduced-price school meals. You only need to submit one school in Columbia School District. The application must be filled out COMPLETE is the same as the steps on your application. If at any time you are not sure what to do, visit [csd.org](http://www.csd.org).

(NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST!

MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO

ool students live in your household. They do NOT have to be related to you to be a part of your is section, please include ALL members in your household who are: reported with the household's income;

nt, or qualify as homeless, migrant, or runaway youth; district regardless of age.

ame. Use one line of the application for each child. When printing names, write one letter in each ication, attach a second piece of paper with all required information for the additional children.

1) District? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend n the 'Grade' column to the right.

children listed are foster children, mark the "Foster Child" box next to the child's name. If you

it as members of your household and should be listed on your application. If you are applying runaway? If you believe any child listed in this section meets this description, mark the "Home application."

MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIIR?

1) currently participates in one or more of the assistance programs listed below, your child's Program (SNAP).

ies (TANF).

an Reservations (FDPIR).

is in any of the above listed programs:

is in any of the above listed programs:

or FDIIR. You only need to provide one case number. If you participate in one of these programs and Human Services at 855-275-6424.

ALL HOUSEHOLD MEMBERS

le for Adults" and "Sources of Income for Children," printed on the back side of the application

ONLY. Report all income in whole dollars. Do not include cents. eived before taxes.

amount they "take home" and not the total, "gross" amount. Make sure that the income you premiums, or any other amounts taken from your pay.

ALL HOUSEHOLD MEMBERS

s no income to report. Any income fields left empty or blank will also be counted as a zero. If there is no income to report. If local officials suspect that your household income was reported incorrectly received using the check boxes to the right of each field.

LDREN

ny children. Report the combined gross income for ALL children listed in STEP 1 in your household are applying for them together with the rest of your household.

ney received from outside your household that is paid DIRECTLY to your children. Many households

ILTS

clude ALL adult members in your household who are living with you and share income and expenses *their own*.

rt supported by your household's income AND do not contribute income to your household. Only listed in **STEP 1**.

Print the name of each household member in the boxes marked "Names of Adult Household I a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A**.

Income from work in the "Earnings from Work" field on the application. This is usually the mortgage, you will report your net income.

ere from that work as a net amount. This is calculated by subtracting the total operating expenses

Child support/alimony. Report all income that applies in the "Public Assistance/Child Support/*ce benefits NOT listed on the chart.* If income is received from child support or alimony, only report s "other" income in the next part.

Net/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" number of household members in the field "Total Household Members (Children and Adult EP 1 and STEP 3. If there are any members of your household that you have not listed on the chart, as the size of your household affects your eligibility for free and reduced-price meals.

Eligibility Security Number. An adult household member must enter the last four digits of their Social Security Number if you do not have a Social Security Number. If no adult household members have a Social Security SSN."

CHILD AND ADULT SIGNATURE

Member of the household. By signing the application, that household member is promising that this section, please also make sure you have read the privacy and civil rights statements concerning your current address in the fields provided if this information is available. If you have no personal school meals. Sharing a phone number, email address, or both is optional, but helps us reach you's date. Print the name of the adult signing the application and that person signs in the box for Service, 11775 Hewitt Road, Brooklyn, MI 49230.

ties (optional). On the back of the application, we ask you to share information about your child's eligibility for free or reduced-price school meals.

Total Income	Examples
	A child has a regular full or part-time job where they earn a salary
	A child is blind or disabled and receives Social Security Benefits
	A parent is disabled, retired, or deceased, and their child receives
	A friend or extended family member regularly gives a child support
	A child receives regular income from a private pension fund, an

	Example(s)
	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you
	-Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowance)
	-Allowances for off-base housing, food and clothing
	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI)
	-Cash assistance from State or local government -Alimony payments-Child support payments
	-Social Security (including railroad retirement and black lung benefits) -Private pensions or
	-Regular income from trusts or estates -Investment income -Earned interest -Regular cash

files

children(s) race and ethnicity. This information is important and helps to make sure we are fully serving our community or reduced-price meals.

Latino Not Hispanic or Latino

an Indian or Alaskan Native Asian Black or African American Native Hawaiian or

It requires the information on this application. You do not have to give the information, but if you do not, we cannot determine the social security number of the adult household member who signs the application. The last four digits of the social Security Administration's Temporary Assistance for Needy Families (TANF), Program or Food Stamp Program, your child or when you indicate that the adult household member signing the application does not have a social security number, and for administration and enforcement of the lunch and breakfast programs. We MAY share your information to determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them identify and assist in the identification of children who are eligible for these programs. We MAY share your information with the Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices and employees, and other personnel, on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activities.

means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) or a deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 845-1400.

to complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.ascr.usda.gov> or in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9897.

Director of Agriculture
 Assistant Secretary for Civil Rights
 1415 L Street, SW
 Washington, DC 20250-9410
 Fax: (202) 690-7442
 Email: program.intake@usda.gov
 This institution is an equal opportunity provider.

_____ Weeks x 26, Twice a Month x 24, Monthly x 12

_____ \$ _____ \$ _____ Household Size: _____ Categorical Eligibility: _____

_____ Monthly Annually

_____ Date _____

_____ Confirming Official's Signature _____ Verifying Official's Signature _____