



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING

MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

DATE: June 30, 2011  
TO: Editors/Publishers of Local Newspapers  
FROM: Michigan Department of Education  
SUBJECT: Annual Public Notice for USDA Child Nutrition Programs

The Michigan Department of Education (MDE) is releasing the attached notice on behalf of public and private schools, public school academies, child care centers, family child care sponsoring organizations, and other organizations participating in the following U.S. Department of Agriculture programs:

- National School Lunch Program
- School Breakfast Program
- Special Milk Program
- Child and Adult Care Food Program

Federal regulations require that this information be provided annually to local media so that, when possible, it may be printed at any time prior to the start of the school year as a public service.

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909  
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# News Release

Contact: Martin Ackley, Director of Communications, (517) 241-4395

## **Income Guidelines for National Free and Reduced Priced Meals For Schools and the Child and Adult Care Food Program are Announced**

June 30, 2011

The Michigan Department of Education has announced the household income guidelines established by the U. S. Department of Agriculture for free and reduced price meals and free milk through the National School Lunch, School Breakfast, Special Milk, and Child and Adult Care Food programs. The income guidelines are effective from July 1, 2011, through June 30, 2012.

Families should contact their school, school district, child care center, or family child care home to find out whether it participates in these programs.

Schools and child care centers will provide a form for applying for free or reduced price meals. Only one application is required per household. Most participating centers and all participating family child care homes provide meals to all enrolled participants without any separate charge.

Children or foster children who are recipients of Michigan's Family Independence Program, Food Assistance Program, or Food Distribution Program on Indian Reservations, or who are enrolled in Head Start, Even Start, an At-Risk afterschool center, or an emergency shelter automatically qualify for free meals. Households with incomes less than or equal to the following guidelines qualify for free or reduced price meals or free milk.

Scale for Free Meals or Free Milk		
Total Family Size	Annual Income	Monthly Income
1	\$14,157	\$1,180
2	\$19,123	\$1,594
3	\$24,089	\$2,008
4	\$29,055	\$2,422
5	\$34,021	\$2,836
6	\$38,987	\$3,249
7	\$43,953	\$3,663
8	\$48,919	\$4,077

Scale for Reduced Price Meals	
Annual Income	Monthly Income
\$20,147	\$1,679
\$27,214	\$2,268
\$34,281	\$2,857
\$41,348	\$3,446
\$48,415	\$4,035
\$55,482	\$4,624
\$62,549	\$5,213
\$69,616	\$5,802

For each additional family member, add:

	\$4,966	\$414
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	\$7,067	\$589
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An application to a school or child care center can be approved if it contains complete documentation of household income or documentation of current participation in Michigan's Family Independence Program, Food Assistance Program, or Food Distribution Program on Indian Reservations. Information supplied on an application for free or reduced price meals may be verified at any time. An appeal procedure is available for households where applications are denied.

Participating schools and centers accept applications for free or reduced price meals at any time during the year. A household may qualify for free or reduced price meals due to a temporary loss of income, such as a period of unemployment.

If a doctor has determined that a child has a disability, and the disability would prevent the child from eating the regular school or child care meal, the school or child care facility will make any substitution prescribed by a doctor at no charge. The doctor's statement, including prescribed diet and/or substitution, must be submitted to the food service department of the school or child care facility.

In accordance with Federal law and U.S. Department of Agriculture policy, institutions are 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.

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## FREE and REDUCED PRICE MEALS FAMILY APPLICATION

**Part 1 - Foster Child**  Yes Child's spending money per month \$\_\_\_\_\_. If none available, list \$0. **Only list the foster child's name, grade and school in Part 4.**  
 Only the foster child's spending money is counted as income on a foster child application. **Complete a separate application for EACH foster child.**

**Part 2 -** \_\_\_ Homeless \_\_\_ Migrant \_\_\_ Runaway **Only list the child's name, grade and school in Part 4.**  
 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 \_\_\_\_\_

**Part 3 - Does any member of your household receive Food Assistance Program/Family Independence Program/FDPIR? YES NO (circle one)**  
**If yes, you MUST list a case number - Food Assistance Program # \_\_\_\_\_ Family Independence Program # \_\_\_\_\_ FDPIR # \_\_\_\_\_**  
 \* Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers

Part 4 - Household Names - List below all people living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives, and/or friends including yourself and children who live with you.			Part 5 - Total Household Gross Incomes Include the amount of money and Circle how often it is received. If you listed a Food Assistance Program/Family Independence Program/FDPIR number for a child in Part 3, skip to Part 6.											
Names (Last, First)	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	weekly	every 2 weeks	
Example: Doe, Jane			\$0	\$600	monthly			\$250	monthly					
1			\$0											
2			\$0											
3			\$0											
4			\$0											
5			\$0											
6			\$0											
7			\$0											

**Part 6 - Signature and Social Security Number (Adult household member MUST sign and date.)**  
 If Part 5 is completed, the adult signing the form must also list 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 school will get Federal Funds based on the information I give. I understand that school 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: \_\_\_\_\_**

**Adult Social Security Number: \_\_\_\_\_  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 e-mail of your eligibility for free school milk.

## Required Steps to Complete a Free and Reduced Price School Meals Family Application

