

FAMILY APPLICATION

LETTER TO PARENTS FREE SUMMER MEALS

Date: _____

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program (SFSP) for children. Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we *must* document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use *one* SFSP Free Meals Family Application for *all* children 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: _____

(Name, Address, and Phone Number)

2. WHO CAN GET FREE MEALS?

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) and/or 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. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?

Children in households participating in WIC may be eligible for free meals. Please complete and submit an application.

4. 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 meals.

5. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You *must* include all people living in your household, related or not (such as foster children, grandparents, other relative, or friends). You *must* also include yourself and all children who live with you.

6. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

7. WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?

If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances *must* be included in your gross income.

8. 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 on-line, visit the [MICHild website](#) or call 1-855-789-5610 for help or to request a paper application.

Sincerely,

See reverse for Income Chart and Application Instructions.

APPLICATION INSTRUCTIONS:

Your children may qualify for free summer 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	\$21,775	\$1,815	\$908	\$838	\$419
2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
Each additional household member add:	\$7,696	\$642*	\$321*	\$296*	\$148*

IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDPIR, FOLLOW THESE INSTRUCTIONS:

Step 1: List child(ren)'s name and School Name or Site Name.

Step 2: Circle YES and list the case number for the correct program.

Step 3: Skip this part.

Step 4: List address and contact information. Sign and date the form.

Step 5 (Optional): Complete Ethnicity (select one choice) and Race (select at least one choice) information.

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 YOU ARE APPLYING FOR FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

Step 1: List the child(ren)'s name, School Name or Site name and check the box for foster child.

Step 2: Skip this part.

Step 3: Skip this part.

Step 4: List address and contact information. Sign and date the form.

Step 5 (Optional): Complete Ethnicity (select one choice) and Race (select at least one choice) information.

FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS:

(Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

Step 1: List child(ren)'s name and School Name or Site Name. Check the box, if applicable for foster child, homeless, migrant and runaway.

Step 2: Skip this part.

Step 3: Follow these instructions to report ALL household members:

A. List the child income, if applicable.

B. *Column 1 – Name of Adult Household Members:* 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 children. Attach another sheet of paper, if needed.

Column 2 - Earnings from Work: List the gross income each person earned from work and how often. 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.

Column 3 – Public Assistance, Welfare, Child Support, and Alimony: List the amount each person receives and how often.

Column 4 - Pensions, Retirement, and Social Security and All Other Income: All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and *any other income.*

List the *Total Household Members* (include children and adults). List the last four (4) digits of *Social Security Number*, or check the box "I do not have a Social Security Number."

Step 4: List address and contact information. Sign and date the form.

Step 5 (Optional): Complete Ethnicity (select one choice) and Race (select at least one choice) information.