

August 2011



Dear Parent or Guardian:

The new school year is upon us, and we would like to extend a warm welcome. Chartwells School Dining Service operates over 195 school districts in the states of Michigan, Indiana & Ohio. Our job is to make sure we serve healthy, well-balanced meals, and that our customers enjoy what they eat. We also strive to make the dining experience a special one, so we have planned some activities designed to appeal to all of our customers.

For our High and Middle school customers we will offer promotions that will focus on our school lunch menus, Balanced Choices, and familiar branded products with opportunities to win some fun prizes. We would also like to introduce that Algonac Community Schools will **NOT** be serving **FRIED** foods to our students in the upcoming school year.

For our **Elementary** customers we will be following an adventure of fun, nutrition education and healthy living with the help of our characters, Theodore Eat, Sidney Learn and Eva Live. During their journey, Eat, Learn and Live will learn about good nutrition and making healthy food choices. We will provide our young customers with coloring and activity sheets that follow this promotion, designed to share important lessons in eating a balanced diet.

At our **Middle School** we offer six food stations called Profile in Good Taste. **Origins** will offer served theme bars such as Mexican and Italian. **Sandwich Central** features made to order sandwiches along with Grab & Go daily specials. **Au Bon Pain** will offer a variety of delicious soup choices accompanied by a bread selection. **Fresh Grille** offers hot sandwiches such as hamburgers and chicken sandwiches served daily with additional specials. **Trattoria** offers homemade cheese pizzas along with featured special pizzas of the day. **Wild Greens** offers fresh made daily pre-made salads. Coming January 2012, Environments will be coming to the MS. The stations will be called **Sizzle, Taste, Bake, Crisp, Fast Forward and Add-On's**.

For our **High School** customers we offer six stations called **Environments**. The station names will change and will offer fresher products and use Local Farmers for produce. Let me introduce the names of our new stations. **Play Bowl** will offer served meals in a bowl built by the student. **Ready, Set, Deli** features made to order sandwiches and made to order Salad Bar. **Outtakes** features Grab & Go salads and sandwiches daily. **Au Bon Pain** will offer a variety of delicious soup choices accompanied by a bread selection. **Grab a Stack** offers hot sandwiches such as hamburgers and chicken sandwiches served daily with additional specials. Also available will be fresh toppings. **Crust and Stuff** offers homemade cheese pizzas along with featured special pizzas of the day.

This year we will be serving Breakfast in the Classroom at the **Elementary and Middle School** levels. Breakfast prices will remain the same for 2011-2012. **Student Breakfast: \$1.25, reduced \$.30**. A breakfast includes meat, bread, a fruit and milk. **High and Middle school student lunch prices: \$2.25, reduced \$.40**. **Elementary student lunch prices: \$2.00 and reduced \$.40**. Lunch includes one protein, a fruit, one serving of vegetable, milk and a bread item. **Ala Carte Milk \$.50**. Adult meals are always available for both breakfast and lunch, so feel free to join your child. **Adult prices: Breakfast \$1.50, Lunch \$3.25**.

Students may pay for breakfast (\$6.25 per week), Elementary lunch (\$10.00 per week) and High and Middle school lunch (\$11.25 per week) in advance by making weekly deposits into their accounts. We recommend this procedure as it speeds up the serving area and allows us to give better customer service to our students. You may pay by cash or by checks made payable to "**Algonac Food Service**".

We realize it may be possible for your child to forget his/her lunch money on occasion. Should this occur, it is the district's policy that we will provide a lunch – **NOT** a breakfast – and it will be charged to your student's account. However, negative account balances are a financial burden to the district, so if your child's account reaches a negative balance (**\$4.00 for Elementary and \$2.25 for Middle School**) they will receive an alternate meal consisting of a cheese sandwich, milk, vegetable and fruit. The alternate meal will be served until the negative balances are paid in full. There is no charging of any kind allowed at the **High School** level.

If you feel your child may qualify for the Free or Reduced breakfast / lunch program, please submit your application to your school office by September 16th. If your student qualified for the 2010-2011 school lunch programs, your student is still qualified until October 17, 2011. **Your application for 2011-2012 is included in this mailing**. Applications are also available in the main offices at each school. Please remember that students **MUST** use their student I.D. number or a four digit number that will be provided to them the first day of school when going through the lunch line. And there is no distinction made between regular purchases and free/reduced lunch purchases.

We look forward to another great year and are very excited about the opportunity to make the dining experience at your child's school a memorable one. Please feel free to contact me at any time if you have questions or concerns at 810.794.8875.

Sincerely,

Steve Bellante
Director of Dining Services

Administration
MICHAEL E. SHARROW
Superintendent

ALAN LATOSZ
Asst. Superintendent

LORI HOLDERBY
Director Business Services

Algonac Community Schools

1216 St. Clair Blvd.
Algonac, MI 48001

(810) 794-9364
(810) 794-0040

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August 2011

Dear Parent/Guardian:

Children need healthy meals to learn. **Algonac Community School District** offers healthy meals every school day. Students may buy **lunch for \$2 (elementary) or \$2.25 (middle & high school)** and **breakfast for \$1.25**. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for **\$4.00** and breakfasts for **\$3.00**. 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. The physician's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school. For further information, please call **Steve Bellante, Director of Food Service, 810 794-8875**.

- 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: **the principal for your youngest student**.
- 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), 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 FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 4. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call Please call **Mr. Alan Latosz 810 794-9364**, homeless liaison or migrant coordinator to see if your child(ren) qualify.
- 5. 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.
- 6. 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 **Central Office at 810 794-9364** if you have questions.
- 7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 8. I GET WOMEN, INFANTS & CHILDREN (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.
- 9. WILL THE INFORMATION I GIVE BE VERIFIED?** Yes, we may ask you to send written proof of any information provided on the application.
- 10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes. You may apply at any time during the school year if your house-hold 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.

- 11. 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: **Michael Sharrow, Supt. 1216 St. Clair Blvd. Algonac, MI 48001 (810 794-9364).**
- 12. 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.
- 13. 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 relatives, or friends), who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of the expenses), do not include them.
- 14. 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. If you have lost a job or had your hours or wages reduced, use your current income.
- 15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- 16. 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 or call 1-888-988-6300 for help or to request a paper application.
- 17. My spouse is deployed to a combat zone. Is his/her combat pay counted as income?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before he/she was deployed, combat pay is not counted as income. Contact your school for more information.
- 18. 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 1-800-481-4989.

Sincerely,



Michael E. Sharrow
Superintendent of Schools

APPLICATION INSTRUCTIONS:

Your children may qualify for free and reduced price school 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	\$20,147	\$1,679	\$840	\$775	\$388
2	\$27,214	\$2,268	\$1,134	\$1,047	\$524
3	\$34,281	\$2,857	\$1,429	\$1,319	\$660
4	\$41,348	\$3,446	\$1,723	\$1,591	\$796
5	\$48,415	\$4,035	\$2,018	\$1,863	\$932
6	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
7	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
8	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
*Each additional household member add:	\$7,067	\$589	\$295	\$272	\$136

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

- Part 1: Skip this part.
- Part 2: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDP.
- Part 3: List child(ren)'s name, grade, and building.
- 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 are applying for a homeless, migrant, or runaway child, check the appropriate category and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

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

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list grade and building.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS: (Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
 - Column 1 - Names: 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 - Circle Yes if Foster Child: Circle Yes if applicable.
 - Column 3 - Grade: Fill in the grade for each child attending school.
 - Column 4 - Building Name: Fill in the building name for each child attending school.
- Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month: 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).*
 - o All persons must claim some income, or indicate that they receive no income. If a person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income."
 - o *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.
 - o *Welfare, Child Support, and Alimony:* List the amount each person received last month.
 - o *Pensions, Retirement, and Social Security:* List the amount each person received last month.
 - o *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.
- Part 5: An adult household member *must* sign and date the form, list the last four (4) digits of their *Social Security Number*, or check the box "I do not have a Social Security Number."
- Part 6: Answer this question.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1 - 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 _____
List the Child's Name, Grade, and Building in Part 3.

Part 2 - If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits.
 Name: _____ Case Number: _____
Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers. If a case number is provided only students need to be listed in Part 3.

Part 3 - Household Names - List below *all* people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, *must* be listed.

Names	Circle Yes if Foster Child	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	
				\$0	\$0	weekly twice a month	every 2 weeks monthly	weekly twice a month	every 2 weeks monthly	weekly twice a month	every 2 weeks monthly	weekly twice a month	every 2 weeks monthly
Example: Jane Doe	Yes			\$0	\$600	twice a month	monthly			\$250	twice a month		
	Yes			\$0		weekly	monthly				weekly		
	Yes			\$0		twice a month	monthly				twice a month		
	Yes			\$0		weekly	monthly				weekly		
	Yes			\$0		twice a month	monthly				twice a month		
	Yes			\$0		weekly	monthly				weekly		
	Yes			\$0		twice a month	monthly				twice a month		
	Yes			\$0		weekly	monthly				weekly		
	Yes			\$0		twice a month	monthly				twice a month		

Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of 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 sponsor will get federal funds based on the information I give. I understand that sponsor 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: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____
 I do not have a Social Security Number

Address _____ City _____ State _____ Zip Code _____
 Home/Cell Phone _____ Work Phone _____ Email Address _____

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

Part 6 - Child's Racial/Ethnic Identity (optional)

Check One or More Racial Identities:

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other

Check One Ethnic Identity:

- Hispanic or Latino
- Neither Hispanic or Latino

Privacy Act Information: Social Security Number

The Richard B. Russell School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDPIR identifier for your child, or indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is 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.

VERIFICATION - FOR SCHOOL USE ONLY

Date Selected for Verification: _____	Date Follow-up/Second Notice: _____	Date of Adverse Notice Sent: _____	
Confirming Official's Signature: _____	Follow-up Official's Signature: _____		
Response Due from Household: _____	Verification Official's Signature: _____		
FAP/FIP/FDPIR/Foster Eligibility: <input type="checkbox"/> Not confirmed <input type="checkbox"/> Department of Human Services <input type="checkbox"/> Notice of Eligibility	Income _____ Weekly _____ Every 2 weeks _____ Twice a month _____ Monthly _____ Annual	Verification Result <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> No Change	Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other _____

APPROVAL/DISAPPROVAL - FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Household Size: _____ Total Gross Income: \$ _____ _____ Weekly _____ Every 2 Weeks _____ Twice a Month _____ Monthly _____ Annual	Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other (specify) _____ Number of Children Free _____ Number of Children Reduced _____ Number of Children Paid _____ Temporary Free - Time Period: _____ (expires after _____ days)
Determining Official's Signature: _____ Date: _____ Date Dropped/Withdrawn: _____	