

**South Redford School District**  
26141 SCHOOLCRAFT ROAD  
REDFORD, MICHIGAN 48239  
(313) 535-4000 <http://southredford.net>  
Linda S. Hicks, Ed.D. Superintendent of Schools

Dear Parents and Guardians,

South Redford School District is proud of the partnership that we have established with ARAMARK. We are happy to provide students and staff with nutritious and wholesome meals and look forward to our continued partnership.

**The meal prices for the 2009 – 2010 school year are as follows:**

**Breakfast** is served daily at all schools and is priced at \$1.25 for paying students and \$ .30 for reduced.

**Lunch**

- Elementary \$2.00 for paying students and \$ .40 for reduced
- Pierce Middle school \$2.25 for paying students and \$ .40 for reduced
- Thurston High school \$2.50 for paying students and \$ .40 for reduced

If your child qualifies for the Free Meal Program, they are qualified to receive both breakfast and lunch at school. The Free and Reduced Price School Meal Application is available at all schools or online at the district website:

<http://southredford.net>

Attached is a copy of the Free and Reduced Price School Meals Application. **Only one application should be completed per household** as the application covers all school-aged children in your household.

If you receive food stamps or FIP you **must include your case number** on the application. The application process takes seven to ten business days and in order to be processed applications must be filled out completely. Incomplete applications may result in denial of benefits.

If you have not received a response to your application within 10 business days or for additional information about the application process, contact the South Redford School District Food Service Department, at 313-535-4000, ext. 1183.

**Payment Options**

The district provides payment options for parents and guardians who wish to prepay for their child's meals in addition to cash payments.

- PaySchools: An online payment system, which allows parents and guardians, to logon to the PaySchools system and make payments on each child's account. Please note that a nominal service fee will be charged for using the PaySchools service.
- Checks: Make checks payable to South Redford School District.  
It is important that you **include your child's full name on the check**. Submit checks to your child's school.

**Keeping Track**

An added feature the district provides is the opportunity for parents and guardians to monitor their child's meal account online through ParentConnection. Contact the front office of your child's school for an ID and password to access ParentConnection.

Direct your questions regarding your child's food service account to Carrie Morfino, Director of Food Services at 313-535-4000, ext. 1183 or e-mail at [morfca01@southredford.net](mailto:morfca01@southredford.net).

Sincerely,



Susan Wright-Barnes  
Finance Manager  
South Redford School District

Dear South Redford Parent or Guardian:

South Redford School District schools offers healthy meals every school day. Students may purchase breakfast daily at all schools for \$ 1.25 lunch prices vary as follows: all elementary schools \$ 2.00 Pierce Middle School lunch is \$2.25 and Thurston High School lunch is \$2.50. Your children may qualify for free meals or reduced price meals. Reduced meal prices are available for purchase at all schools as follows: reduced breakfast price is \$ .30 and lunch price is \$ 0.40.

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 doctor at no extra charge. The doctor's statement, including prescribed diet and/or substitution, must be submitted to the food service department. Contact ARAMARK Food Service Director, Ms. Carrie Morfino at 313-535-4000, ext. 1183 or email at [morfca01@southredford.net](mailto:morfca01@southredford.net).

**1. Do I need to fill out an application for each child?** No. Complete 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: South Redford School District, Food Service Department, ARAMARK Food Service Director, Ms. Carrie Morfino, 26255 Schoolcraft Redford, MI 48239 at 313-535-4000, ext. 1183.

**2. Who can get free meals?** Children in households getting Food Stamps, FIP, or FDPIR and most foster children can get free meals regardless of your income. In addition, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

**3. Can homeless, runaway, and migrant children get free meals?** Please call Mrs. Sheila Horbatch, at 313-535-4000, ext. 1032 the homeless liaison or migrant coordinator to see if your child(ren) qualify.

**4. Who can get reduced price meals?** Your children can receive low cost meals if your household income is within the reduced price limits on the Federal Income Chart shown on the application.

**5. 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 received carefully and follow the instructions. Contact ARAMARK Food Service Director, Ms. Carrie Morfino at 313-535-4000, ext. 1184 or e-mail [morfca01@southredford.net](mailto:morfca01@southredford.net)

**6. I get WIC. Can my child (ren) get free meals?** Yes, children in households participating in WIC may be eligible for free or reduced price meals. Please complete the application in full.

**7. Will the information I give be checked?** Yes, we may ask you to send written proof.

**8. If I don't qualify now, may I apply later?** Yes, applications are accepted during the school year. If your household size goes up, income goes down, or if you start getting Food Stamps, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

**9. What if I disagree with the school's decision about my application?** Contact school officials. You also may ask for a hearing by contacting the South Redford Director of Finance, Ms. Susan Wright-Barnes, at 313-535-4000, ext. 1003.

**10. 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.

**11. 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 relative, or friends). You must include yourself and all children who live with you in the household.

**12. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally receive \$1,000 each month, but you missed some work last month and only received \$900, put down that you receive \$1,000 per month. If you normally receive overtime pay, include it, but not if you only receive it sometimes.

**13. 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.

**14. 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. Apply online at: [www.michigan.gov/michild](http://www.michigan.gov/michild) or call 1-888-988-6300.

**Application Instructions:**

Your children may qualify for free or reduced price 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  | \$20,036 | \$1,670 | \$835           | \$771           | \$386   |
| 2  | \$26,955 | \$2,247 | \$1,124         | \$1,037         | \$519   |
| 3  | \$33,874 | \$2,823 | \$1,412         | \$1,303         | \$652   |
| 4  | \$40,793 | \$3,400 | \$1,700         | \$1,569         | \$785   |
| 5  | \$47,712 | \$3,976 | \$1,988         | \$1,836         | \$918   |
| 6  | \$54,631 | \$4,553 | \$2,277         | \$2,102         | \$1,051 |
| 7  | \$61,550 | \$5,130 | \$2,565         | \$2,368         | \$1,184 |
| 8  | \$68,469 | \$5,706 | \$2,853         | \$2,634         | \$1,317 |
| *For each additional household member add: | \$6,919* | \$577*  | \$289*          | \$267*          | \$134*  |

**If you are applying for a FOSTER CHILD, follow these instructions:**

- Part 1: Check the box and list the child's personal use monthly income, if any.
- Part 2: Skip this part.
- Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.
- 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 choose to.
- Part 7: Answer this question if you choose to.

**[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 your entire household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), follow these instructions:**

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a FAP, FIP, or FDPIR case number.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A social security number is not necessary.
- Part 7: Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1: Skip this part.
- Part 2: Check the appropriate box, if any.
- Part 3: If the student is new to the district/school check "Yes." List each student(s) name, school, and grade.
- Part 4: Follow these instructions to report total household income from last month.

**Column 1- Name:**

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Be sure to include all students listed in Part 3. Attach another sheet of paper if you need to.

**Column 2- Gross Income:**

- 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).*
  - *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.
  - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
    - If the person does not have any income, circle "\$0" in the last column "Circle if NO income."

- Part 5: An adult household member must sign and date the form, and list a **social security number** or check the box "I do not have a social security number."
- Part 6: Skip this part.
- Part 7: Answer this question if you choose to.



**Part 6 - Foster Children** *In most cases foster children are eligible for free meals regardless of your household income*

Foster Home License Number: \_\_\_\_\_ (optional)

\_\_\_A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, and extension of the welfare agency or court.

\_\_\_B. The child is a resident of a licensed "Group Foster" home or a residential institution.

**Part 7 - Child's Racial/Ethnic Identity (optional)**

Check one or more racial identities:

\_\_\_ American Indian or Alaskan Native

\_\_\_ Asian

\_\_\_ Black or African American

\_\_\_ White

\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_ Other

Check one ethnic identity:

\_\_\_ Hispanic or Latino

\_\_\_ Neither Hispanic nor Latino

**Privacy Act Information: Social Security Number**

The Richard B. Russell National 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 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 or you list a Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you 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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**Verification - This is for school use only**

Date Selected for Verification: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_

Response Due from Household: \_\_\_\_\_

Date Follow-up/Second Notice: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_

**Sample Selection:**

\_\_\_ Standard Basic

\_\_\_ Alternate-Random

\_\_\_ Alternate-Focused

**FAP/FIP Eligibility:**

\_\_\_ Not Confirmed

Confirmed:

\_\_\_ Department of Human Services

\_\_\_ Notice of Eligibility

**Income**

\$ \_\_\_\_\_

\_\_\_ Weekly

\_\_\_ Every 2 Weeks

\_\_\_ Twice a Month

\_\_\_ Monthly

\_\_\_ Annual

\_\_\_ Wage Stubs

\_\_\_ Written Documents

\_\_\_ Collateral Contact

\_\_\_ Agency Records

\_\_\_ Other \_\_\_\_\_

**Verification Result:**

\_\_\_ Free to Reduced

\_\_\_ Free to Paid

\_\_\_ Reduced to Free

\_\_\_ Reduced to Paid

\_\_\_ No Change

**Reason For Eligibility Change:**

\_\_\_ Income

\_\_\_ Household Size

\_\_\_ Refused to Cooperate

\_\_\_ Other \_\_\_\_\_

Date Adverse Notice Sent: \_\_\_\_\_

Verification Official's Signature: \_\_\_\_\_

**Approval/Disapproval - This is 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: \_\_\_\_\_

\_\_\_ Foster Child

\_\_\_ Categorical Eligibility

Total Gross Income: \$ \_\_\_\_\_

\_\_\_ Weekly

\_\_\_ Every 2 Weeks

\_\_\_ Twice a Month

\_\_\_ Monthly

\_\_\_ Annual

**Reason for Denial:**

\_\_\_ Income too High

\_\_\_ Incomplete Application

\_\_\_ Other (specify) \_\_\_\_\_

**Eligibility:**

\_\_\_ Free

\_\_\_ Reduced

\_\_\_ Paid

\_\_\_ Temporary Free- Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

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

Date Dropped/Withdrawn: \_\_\_\_\_