

The Lunch Line

West Michigan Public Schools Offer Free and Reduced Price Meals

Allendale • Fruitport • Hamilton • Hudsonville • Jenison • Saugatuck

Public schools in the West Michigan area realize the impact nutritious meals have on a child's education. Because your child is important to you and to us, we serve balanced, nutritious meals daily to help fuel bright minds.

School meals are a healthy choice and a great value for everyone. While the cost of school meals remains low, you may qualify for free or reduced price meals. Please refer to the chart below to determine if your family qualifies.

Families who currently receive food stamps or FIP benefits qualify to receive free meals. A

Medicaid account does not always qualify a family for free meal benefits. In most cases, foster children are also eligible for free meals, regardless of your household income.

In addition to free and reduced meals, West Michigan area schools will accommodate special medical requests. If a doctor has determined that your child has a condition which requires a special diet, we will make any doctor-prescribed substitutions that are necessary, at no extra charge. The doctor's statement, including prescribed diet and/or substitutions,

must be submitted to the food service department at your school.

To qualify for free or reduced price meals, complete the attached application and return to your child's school. Please provide all the information requested to aid us in contacting you.

For further information on free or reduced price meals or doctor-prescribed meal substitutions, contact the food service director for your local school district (listed on next page).

School Meals
We serve education every day™

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INCOME CHART

TOTAL FAMILY MEMBERS	REDUCED PRICE MEALS		
	ANNUAL	MONTHLY	WEEKLY
1	\$ 20,147	\$ 1,679	\$ 388
2	\$ 27,214	\$ 2,268	\$ 524
3	\$ 34,281	\$ 2,857	\$ 660
4	\$ 41,348	\$ 3,446	\$ 796
5	\$ 48,415	\$ 4,035	\$ 932
6	\$ 55,482	\$ 4,624	\$ 1,067
7	\$ 62,549	\$ 5,213	\$ 1,203
8	\$ 69,616	\$ 5,802	\$ 1,339
Each additional family member	+ \$ 7,067	+ \$ 589	+ \$ 136

APPLICATION INSTRUCTIONS

The following application must be completed by an adult household member. Please fill out ONLY ONE APPLICATION FORM per family and return to the school office. Be sure to sign the application before returning. For assistance, contact your school district's Food Service Director (listed below).

PART 1 HOMELESS/MIGRANT/RUNAWAY

- (1) List only the child or children name(s) in PART 3. Do not list adults or income.

PART 2 FOOD STAMPS OR OTHER ASSISTANCE

- (1) Be sure to list a number if you qualify.
- (2) Bridge card and Medicaid numbers are not acceptable.
- (3) If you listed a number in this section, skip to PART 5

PART 3 HOUSEHOLD NAMES

- (1) List all people, including yourself, living in your household, students and non-students, related or unrelated, for example, grandparents, other relatives and/or friends.
- (2) Circle yes in the column if the child is a foster child.

PART 4 TOTAL HOUSEHOLD GROSS INCOME

- (1) Include the average amount of gross wages each household member earned last month, prior to taxes and any other deductions.
- (2) Include any and all welfare, child support and/or alimony received last month by each household member.
- (3) Also include any and all payments from pensions, retirement and/or social security received last month by each household member.
- (4) Include any and all other monthly income received by each household members.

PART 5 APPLICATION

- (1) Follow instructions on application and complete.

INCOME TO REPORT		
<ul style="list-style-type: none"> wages/salaries/tips strike benefits unemployment compensation net income from self-owned business or farm 	<ul style="list-style-type: none"> public assistance payments welfare payments alimony/child support payments pensions supplemental security income retirement income veteran's payments social security 	<ul style="list-style-type: none"> disability benefits cash withdrawn from savings interest/dividends income from estates/trusts/investments regular contributions from non-household members net royalties/annuities/net rental income any other income

Food Service Contacts				
The attached application may be mailed to				
<p><u>ALLENDALE</u> Peggy Panici 10760 68th Ave. Allendale 49401 (616) 892-5591</p>	<p><u>FRUITPORT</u> Patricia Mc Gee 3255 E. Pontaluna Rd. Fruitport, MI 49415 (231) 865-4054</p>	<p><u>HAMILTON</u> Paul Keene 4911 136th Ave. Hamilton 49419 (616) 751-2731</p>	<p><u>HUDSONVILLE</u> & <u>JENISON</u> Faith Hewett 2140 Bauer Rd. Jenison 49428 (616) 667-3353</p>	<p><u>SAUGATUCK</u> Sandi Freeman P.O. Box 818 Douglas 49406 (269) 857-4502</p>

For assistance with other community programs, contact your local United Way office.

