



UNIVERSITY PREP SCHOOLS

UPA & UPSM

August 3, 2017

Welcome to another wonderful year of school foods at the UPA and UPSM Cafeterias. We look forward to providing another year of healthy, tasty meals for your student. We are pleased to announce Variety Food Services as our new school meal vendor for the new school year and we are excited about working with them.

All families are being requested to fill out a Free and Reduced Lunch Application for the 17/18 school year. If you are a returning student, the prior year application status will only be applied until September 30, 2017. It is required that our office obtain the most up to date information each year. New and returning households may complete this process online at www.lunchapp.com. No paper applications are accepted.

Follow these steps once you have gone to the website:

- **Type in the name of your school**
- **Answer the 1st question,**
- **Click continue,**
- **Enter your name**
- **Complete the Family Application (one form per family, per school) with ease and privacy.**

Please note: We request one application per household, per district. If you have children who attend both our districts you will need to duplicate your application under EACH district using the online tool.

All students who do not have an application on file will be charged full pay for lunch \$3.00 and \$2.00 for breakfast starting on the first day of school. For those households that do not have internet service, or may need assistance, please contact your school.

In addition we now have a new web link. Sendmoneytoschool.com. Parents/Guardians may now

- Pay for meals
- Check students balances
- View students account history
- Transfer money to students accounts.

I am available at Sandra.Collier@uprepschools.com to assist you with any questions you may have concerning this process

Thank you,

Sandra Collier

Assistant Director of Food Services
U Prep Schools
313-887-1613

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in University Prep Districts. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Sandra Collier, Asst. Director of Food Services 313-887-1613 or sandra.collier@uprepschools.com

To apply go to : www.lunchapp.com – see welcome letter for instructions on how to use the online application.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending University Prep Schools, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.	B) Is the child a student at University Prep Schools Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend University Prep Schools. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.	C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1 , go to STEP 4 . Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.	D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDIPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or Michigan Department of Health and Human Services.
- Temporary Assistance for Needy Families (TANF) or Michigan Department of Health and Human Services.
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs: <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	B) If anyone in your household participates in any of the above listed programs: <ul style="list-style-type: none"> • Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: Your local Department of Health and Human Services. • Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "**Sources of Income for Adults**" and "**Sources of Income for Children**," printed on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes

- Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B. REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

<p>B) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p><i>What if I am self-employed?</i> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.</p>
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<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”</p>
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STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

<p>A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Write today's date. In the space provided, write today's date in the box.</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>
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FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **University Preparatory Schools** offers healthy meals every school day. Breakfast costs **\$2.00**; lunch costs **\$3.00**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **.40 cents** for breakfast and **.40 cents** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Michigan, SNAP, or Michigan, TANF**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017/2018			
Household size	Yearly	Monthly	Weekly
1	22,311.00	1,860.00	430.00
2	30,044.00	2,504.00	578.00
3	37,777.00	3,149.00	727.00
4	45,510.00	3,793.00	876.00
5	53,243.00	4,437.00	1,024.00
6	60,976.00	5,082.00	1,173.00
7	68,709.00	5,726.00	1,322.00
8	76,442.00	6,371.00	1,471.00
Each additional person:	7,733.00	645.00	149.00

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Sandra Collier at Sandra.Collier@uprepschools.com 313-887-1613.**
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals 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. Please visit www.lunchapp.com, and complete the online application.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Sandra Collier, 610 Antoinette Street, Detroit, MI 48202, and 313-887-1613 or email me at Sandra.Collier@uprepschools.com** immediately.
5. CAN I APPLY ONLINE? Yes! We require all families to complete applications online. Visit www.lunchapp.com to begin or to learn more about the online application process. Contact **Sandra Collier, 610 Antoinette Street, Detroit, MI 48202 Sandra.Collier@uprepschools.com** if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **September 30, 2017**. You must submit a new on line application at www.lunchapp.com, unless the school told you that your child is eligible for the new school year. If you do not submit a new online application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals after **September 30, 2017**.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please submit an online application at www.lunchapp.com.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. 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: **Lori Koenig, 610 Antoinette Street, Detroit, MI 48202 Lori.Koenig@uprepschools.com. 313-887-1613**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Michigan SNAP** or other assistance benefits, contact your local assistance office or call **Michigan Department of Human Services 855-275-6424**

If you have other questions or need help, call **313-887-1613**.

Sincerely,

Sandra Collier

Pricing & Meal Charging Policy

Meal Type	Reduced Price	Full Price
BREAKFAST	.40 per day	\$2.00 per day
LUNCH	.40 per day	\$3.00 per day

Lunch Payments:

All lunch payments must be made to the each school's front office or online at www.sendmoneytoschool.com. We encourage parents to pay weekly, bi-weekly or monthly as this saves times for processing.

Menus:

Monthly menus will be sent to all families via InfoSnap and all school websites. Hard copies can be picked up at your school's main office.

The National School Lunch Program's focus is to ensure that school aged children have adequate nourishment. Recent studies have concluded that proper nourishment directly affects a child's ability to learn. We have no desire to deny any child the opportunity to eat at meal in the University Prep Schools cafeterias, however we cannot allow students to borrow money for meals without consequences.

Purpose: The purpose of this policy is to establish consistent meal account procedures throughout the district. Unpaid charges place a financial strain on the district. The goals of the policy are:

- To treat all students with dignity in the serving line regarding meal accounts.
- To encourage parent/guardian to assume responsibility of meal payments and to promote self-responsibility of the student.
- To establish a consistent district policy regarding charges and collection of charges.
- To support positive situations with district staff, district business policies, students and parents/guardians to the maximum extent possible.
- To establish policies that is age appropriate.

Responsibilities:

The Food Service Department: Responsible for maintaining charge records and notifying the school district of outstanding balances. The Food Service Department is also responsible for notifying the student's parent/guardian of low or outstanding balances.

The School District: Responsible for supporting the Food Service Department in collection activities.

The Parent/Guardian: Responsible for maintaining a positive balance in their student's meal accounts and provide immediate payment to any account that has a negative balance.

Administration:

1. Free Lunch status students:

- ❖ Free lunch status students will not have a negative balance at any time as they their free status allows a child to have a free lunch every day.

2. Reduced Cost Lunch Status students:

- ❖ Reduced cost lunch status students will be allowed to have a negative account balance up to \$6.00.

3. All Other Students:

- ❖ Students who don't qualify for free or reduced lunch/breakfast will be allowed to charge up to \$6.00.
- ❖ When a Elementary or Middle School child reaches the \$6.00 max they will **only** be offered a designated menu alternative. Sample: cheese sandwich + veggie sticks + milk. This does not apply to High School students.
- ❖ This designated menu alternative will be charged to the student's lunch account at the standard lunch rate. Parents and guardians are responsible for payment of the meals to the food services department.

4. Balances Owed:

- ❖ Collection of balances owed will be pursued by the District Business Office. We will notify you via email of any outstanding balances or you may email the Business Services Manager.
- ❖ Balances owed with no response by Parent/Guardian the following actions may occur;
 - a) Delay the issuance of report cards.
 - b) Prohibit participation of the student in the school lunch program.
 - c) Prohibit participation of student in any future fee-based or extra-curricular programs until or unless outstanding balances are resolved.

If financial hardship is suspected, families will be encouraged to apply for free and reduced meals at any time during the school year. Applications may be accessed online at www.mylunchapp.com. (Please refer to instructions in the welcome letter).

**Michigan Department of Education
Office of School Support Services**

REQUEST FOR SPECIAL DIETARY NEEDS ACCOMMODATIONS INSTRUCTIONS

- 1. School/Agency Name:** Print the name of the school or agency that is providing the form to the parent.
- 2. Site Name:** Print the name of the site where meals will be served (e.g., XYZ School, XYZ Child Care Center, etc.)
- 3. Site Telephone:** The telephone number of site where meal will be served. See #2.
- 4. Name of Participant/Student:** Print the name of the child or adult participant to whom the information pertains.
- 5. Participant Age:** Print the age of the participant. For infants, please use date of birth.
- 6. Name of Parent/Guardian:** Print the name of the person requesting the participant's medical statement.
- 7. Parent/Guardian Telephone:** Print the telephone number of the parent/guardian.
- 8. Check One:** Check a box to indicate whether participant has a disability, does not have a disability, or does not have a disability but is requesting special accommodation for fluid milk substitution.
- 9. Disability or medical condition requiring a special meal or accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g. juvenile diabetes, allergy to peanuts, etc.).
- 10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:** Describe how the physical or medical condition affects the participant. For example: "Allergy to peanuts causes a life-threatening reaction."
- 11. Diet prescription and/or accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
- 12. Food(s) to be omitted and suggested substitution(s):** List specific foods that must be omitted. For example: "exclude fluid milk." List specific foods to include in the diet. For example: "Nutritionally equivalent non-dairy beverage."
- 13. Indicate Texture:** Check a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular."
- 14. Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. Examples may include: sippy cup, large handled spoon, wheel-chair accessible furniture, etc.
- 15. Signature of Parent/Guardian:** Signature of parent/guardian requesting the accommodation.
- 16. Printed Name:** Print name of parent/guardian completing the form.
- 17. Telephone:** Telephone number of parent/guardian.
- 18. Date:** Date parent/guardian signs form.
- 19. Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
- 20. Printed Name with Credentials:** Print name of medical authority, including credentials.
- 21. Telephone:** Telephone number of medical authority.
- 22. Date:** Date medical authority signs form.

Disability Definition: The Americans with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual. (For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008). More Information regarding the ADA, which expanded the definition of disability, see the [Comparison of ADA and ADAAA sheet](http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf) (<http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf>).

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



**Michigan Department of Education
Office of School Support Services**

CACFP REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS

The information on this form should be updated as necessary to reflect the current needs of the participant.

1. School/Agency Name:	2. Site Name:	3. Site Telephone:
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4. Name of Participant/Student:	5. Participant Age:
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6. Name of Parent/Guardian:	7. Parent/Guardian Telephone:
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8. Check One:

Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. One of the following licensed medical professionals must sign this form: **licensed physician (MD or DO), physician's assistant (PA), or nurse practitioner (NP).**

Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. **A licensed physician (MD or DO), physician's assistant (PA), registered dietitian nutritionist (RDN), nurse practitioner (NP) or speech pathologist must sign this form.**

Participant *does not have a disability*, but is requesting a special accommodation for a **fluid milk substitute** that meets the USDA nutrient standards for non-dairy beverages offered as milk substitutes. Granting the request of a non-dairy milk substitute is at the discretion of the facility. **A licensed physician, physician's assistant, registered dietitian nutritionist, nurse practitioner, or parent/guardian may sign this form.**

9. Disability or medical condition requiring a special meal or accommodation:

10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:

11. Diet prescription and/or accommodation: (please describe in detail to ensure proper implementation-use extra pages as needed)

12. Foods to be omitted and substitutions: (please list specific foods to be omitted and suggested substitutions; you may attach a sheet with additional information as needed.)

A. Food(s) To Be Omitted:	B. Suggested Substitution(s)
_____	_____

13. Indicate Texture:

Regular
 Chopped
 Ground
 Pureed

14. Adaptive Equipment:

15. Signature of Preparer:	16. Printed Name:	17. Telephone:	18. Date:
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19. Signature of Medical Authority:	20. Printed Name: (include credentials)	21. Telephone:	22. Date:
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