



**UTICA  
COMMUNITY  
SCHOOLS**

**Food & Nutrition Services**  
11303 Greendale  
Sterling Heights, MI 48312  
(586) 797-1180  
[www.UticaK12.org/FoodService](http://www.UticaK12.org/FoodService)

**Dear Parents and Guardians:**

**Please take a moment to complete the form and return it to your student's school.** The Education Benefits Form collects information needed to ensure the school receives state and federal funding for education programs. **Without this information, UCS could lose important funding for education programs that our students need.** These supplemental grants and programs have the potential to offer support and services for our students including, but not limited to:

- Instructional staff (ex. Reading Interventionists, Math Tutors, Academic & Behavior Aids)
- Teaching supplies and materials
- Counselors and Social Workers
- School Nurses
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

**Why does UCS request financial information?** The Education Benefits Form determines eligibility of a student or household. The total count of eligible students is used to determine the funding amounts that will be made available to a school. The more forms returned the better.

**What do I need to do?** Please complete the attached form and return it to your school.

**How will this information be protected?** In keeping with current practices, only approved UCS food Service office staff will have access to the forms.

**What else might my student or household be eligible for?** Based on the information you provide on your Education Benefits Form, your child may qualify for other programs such as:

- Pay to play or Pay to Participate
- Programs that provide field trip support
- Programs that provide discounted AP testing & college application fees
- Potential household support for cable and internet

You must complete the **Sharing Information with Other Programs form** attached to the application to grant permission for your eligibility information to be shared.

If you have any questions, please contact food service at 586-797-1180.

Sincerely,

Mandy Sosnowski  
Food & Nutrition Services Director

# EDUCATION BENEFITS FORM SY 2025 - 2026

District: \_\_\_\_\_ School: \_\_\_\_\_

## Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

## Part B: BENEFITS RECEIVED (if applicable)

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$20,345	<input type="checkbox"/> Between \$20,346 and \$28,953	<input type="checkbox"/> At or above \$28,954
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$27,495	<input type="checkbox"/> Between \$27,496 and \$39,128	<input type="checkbox"/> At or above \$39,129
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$34,645	<input type="checkbox"/> Between \$34,646 and \$49,303	<input type="checkbox"/> At or above \$49,304
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$41,795	<input type="checkbox"/> Between \$41,796 and \$59,478	<input type="checkbox"/> At or above \$59,479
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$48,945	<input type="checkbox"/> Between \$48,946 and \$69,653	<input type="checkbox"/> At or above \$69,654
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$56,095	<input type="checkbox"/> Between \$56,096 and \$79,828	<input type="checkbox"/> At or above \$79,829
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$63,245	<input type="checkbox"/> Between \$63,246 and \$90,003	<input type="checkbox"/> At or above \$90,004
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$70,395	<input type="checkbox"/> Between \$70,396 and \$100,178	<input type="checkbox"/> At or above \$100,179

**\* Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): \_\_\_\_\_ Total annual income: \_\_\_\_\_

## Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Date) \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Email Address) \_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

**Do NOT fill out this section. This is for school use only.**

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information – For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Household Size - Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Skip this part

Part E: Certification - Sign the form. Print your name and date.

If your household does not receive benefits from the Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received – Skip this part

Part C: Household Size – Check the box for the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

# FREQUENTLY ASKED QUESTIONS ABOUT THE EDUCATION AND NUTRITION BENEFITS WITH THE MICHIGAN SCHOOL MEALS PROGRAM

Dear Parent/Guardian:

Our school offers healthy meals each day. ***As of early August, the Michigan legislature has not passed the state budget. UCS will start the school year with free meals for all students. Once the state has passed their budget we will update our community with all final decisions.*** Although no application is required to receive this free meal benefit as of yet, filling out the Education and Nutrition Benefits Application is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other programs.

1. WHO CAN GET ADDITIONAL EDUCATION BENEFITS?

- All children in households receiving benefits from the **Food Assistance Program (FAP)**, **Family Independence Program (FIP)**, or **Food Distribution Program on Indian Reservations (FDPIR)** are eligible.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible.
- Children participating in their school's Head Start program are eligible.
- Children who meet the definition of homeless, runaway, or migrant are eligible.
- Children may receive education benefits if your household's income is within the limits of the Federal Income Eligibility Guidelines on this chart.

## FEDERAL INCOME ELIGIBILITY CHART for School Year 2025-2026

Household Size	Annually	Monthly	Weekly
1	28,953	2,413	557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each additional person:	10,175	848	196

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 have not been told your children will get free meals, please call or e-mail Dr.Heather Blum, 586-797-1164, [Heather.Blum@uticak12.org](mailto:Heather.Blum@uticak12.org).
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one 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: Utica Community Schools, Attn. **Food Service, 11303 Greendale, Sterling Heights, MI 48312**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED THROUGH DIRECT CERTIFICATION? No, but please read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Food Service, [foodservice@uticak12.org](mailto:foodservice@uticak12.org) or 586-797-1180** immediately.
5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit [www.utica.familyportal.cloud](http://www.utica.familyportal.cloud) to begin or to learn more about the online application process. Contact **Food Service, [foodservice@uticak12.org](mailto:foodservice@uticak12.org) or 586-797-1180** 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 **October 9**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible, you will not receive additional education benefits and your school could lose out on additional funding.
7. I GET WIC. DO I NEED TO COMPLETE AN APPLICATION? Children in households participating in WIC may be eligible for supplemental benefits. Please send in an application.
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 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: **Mr. William Holbrook**, [William.Holbrook@uticak12.org](mailto:William.Holbrook@uticak12.org).
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.
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 occasionally. 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. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact **Food Service**, [foodservice@uticak12.org](mailto:foodservice@uticak12.org) or **586-797-1180** to receive a second application.
16. 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 [https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en\\_US](https://newmibridges.michigan.gov/s/isd-partnershiplanding?language=en_US).

If you have other questions or need help, call **Food Service**, [foodservice@uticak12.org](mailto:foodservice@uticak12.org) or **586-797-1180**.

Sincerely,

*Mandy Sosnowski*

Food & Nutrition Services Director

## Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Education and Nutrition Benefits application with the Michigan School Meals Program, your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced-price meals.

Yes! **I DO** want school officials to share information from my Education and Nutrition Benefits application for Michigan School Meals Program with:

- ☐ Pay to Participate (Athletics and Clubs).
- ☐ Programs that provide discounted AP testing and college application fees.
- ☐ Programs that provide field trip support (reduced rates or scholarships for field trips).
- ☐ Programs that provide low or no cost internet

If you check "Yes" to any or all of the boxes above, please fill out form below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information, you may call Food Service at 586-797-1180**

### USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- |  |   |
|--|---|
| 1. <b>mail:</b><br>U.S. Department of Agriculture<br>Office of the Assistant Secretary for Civil Rights<br>1400 Independence Avenue, SW<br>Washington, D.C. 20250-9410; or | 2. <b>fax:</b> (833) 256-1665 or (202) 690-7442; or                                   |
|  | 3. <b>email:</b> <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> |

This institution is an equal opportunity provider.

**Return this form to: 11303 Greendale, Attn Food Service, Sterling Heights, MI 48312**