

**2019-2020 Household Application for Free and Reduced-Price School Meals**

Apply online:

One application per household. Please use a pen (not a pencil)

**STEP 1: List ALL Household Members who are infants, children, and students up to and including 12 (if more spaces are required for additional names, attach another sheet of paper).**

Definition of **Household Member**. "Anyone who is living with you and shares income and expenses, even if not related". Children in Foster care and children who meet definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student?		School	Grade	Foster Child	Homeless Migrant, Runaway
			Yes	No				
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR**

If **NO** > Go to STEP 3. If **YES** > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: \_\_\_\_\_ (Write only one case number in this space)

**STEP 3: Report income for ALL Household Members (Skip this step if you answered "YES" to STEP 2)**

Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by

All Household Members listed in STEP 1 here.

Child Income

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

How Often? Please put an X

Weekly Bi-Weekly 2x Month Monthly Annually

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

**PLEASE PRINT**

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Alimony/Child Support	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member \_\_\_\_\_ Check if no SSN

**STEP 4: Contact information and adult signature. Mail Completed Form to:**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone and Email (Optional) \_\_\_\_\_

Printed Name of Adult Signing Form \_\_\_\_\_ Signature of Adult \_\_\_\_\_ Today's Date \_\_\_\_\_

**INSTRUCTIONS:** Sources of Income

**Sources of Income for Children**

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security Benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

**Sources of Income for Adults**

Sources of Adult Income	Example(s)
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military / -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

**Optional:** Children's Racial and Ethnic Identities

We are required to ask for information about your children(s) race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child(s) eligibility for free or reduced-price meals.

**Ethnicity (check one):**

Hispanic or Latino       Not Hispanic or Latino

**Race (check one or more):**

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

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), 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 investigate violations of program rules.

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) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.htm](http://www.ascr.usda.gov/complaint_filing_cust.htm)., 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:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

Fax: (202) 690-7442  
Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
This institution is an equal opportunity provider

**DO NOT FILL OUT:** For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

**Total Income:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ **Household Size:** \_\_\_\_\_ **Categorical Eligibility:** \_\_\_\_\_ **Eligibility:** \_\_\_\_\_  
Weekly      Bi-Weekly      2x Month      Monthly      Annually      Free      Reduced      Denied

\_\_\_\_\_  
Determining Official's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying Official's Signature

\_\_\_\_\_  
Date

# Federal Income Eligibility Guidelines

(This form is for school personnel use only.)

Family income criteria to be used for the 2019-2020 school year for School Lunch, School Breakfast, or Special Milk Programs.

## A. Scale for Free Meals or Free Milk

## B. Scale for Reduced-Price Meals

Total Family Size	A. Scale for Free Meals or Free Milk					B. Scale for Reduced-Price Meals				
	Annual	Monthly	Twice per Month	Bi-Weekly	Weekly	Annual	Monthly	Twice per Month	Bi-Weekly	Weekly
1	16,237	1,354	677	625	313	23,107	1,926	963	889	445
2	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644	47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755	55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865	63,992	5,333	2,667	2,462	1,231
7	50,713	4,227	2,114	1,951	976	72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086	80,346	6,696	3,348	3,091	1,546
	5,746	479	240	221	111	8,177	682	341	315	158

\*For each additional household member add this amount.

All children from families at or below the income levels in Column A are eligible to receive meals, after school snack, or milk at no cost, if available (Special Milk Program only). Column A is used for the National School Lunch Program and School Breakfast Program, or Special Milk Program.

In addition, Federal P.L. 94-105 makes mandatory the service of reduced-price meals to those children from families within the range of incomes in Column B. These children must be provided with lunches at a price not exceeding 40 cents. If the Breakfast Program or an after-school snack program is available, all children qualifying for free and reduced-price lunches will also qualify for free and reduced-price breakfasts and/or snack. The charge for a reduced-price breakfast may not exceed 30 cents; the charge for reduced price snack may not exceed 15 cents. Column B must therefore be used in providing reduced price meals.

### INCOME TO REPORT

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses, commission</li> <li>• <b>Net</b> income from self-employment (farm or business)</li> <li>• Strike benefits, unemployment compensation</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Worker's compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veteran's benefits</li> <li>• Pensions</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability benefits</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Net Rental income</li> <li>• <i>Regular</i> cash payments from outside household</li> <li>• Adoption assistance payments</li> </ul>

## Critical Information for the Application for Free and Reduced-Price School Meals

- The Application for Free and Reduced-Price School Meals cannot be completed and signed before July 1 of the effective school year. Annually, Income Eligibility Guidelines (IEG) are effective from July 1 to June 30.
- The Application for Free and Reduced-Price School Meals materials are available in several languages. The translations of [application materials<sup>i</sup>](http://www.fns.usda.gov/school-meals/translated-applications) can be found at: <http://www.fns.usda.gov/school-meals/translated-applications>.
- Programs may modify the following prototypes to include logos and contact information, but any additional changes need to be approved by MDE annually: Application for Free and Reduced-Price School Meals, Frequently Asked Questions about Free and Reduced-Price School Meals, Approval-Disapproval Letter to Parents.
- Every year, MDE will release to all editors/publishers of local media outlets in Michigan the Annual Public Notice for United States Department of Agriculture (USDA) Child Nutrition Programs. This publication meets the requirement of a Public (Media) Release being provided to the local news media. However, Local Education Agencies (LEA) are responsible to forward the public release to any major employer who is contemplating large layoffs in the attendance area of its school.

### Application Approval Process Information

- Refer to the *Eligibility Manual for School Meals<sup>ii</sup>* when approving free and reduced-price school meals.
- LEAs are responsible for ensuring that the certification process meets all regulatory requirements and policies for application processing and approval. If software is used to perform all or part of the certification process, the LEA must ensure the software used is performing correctly and is meeting all requirements.
- LEAs must carry over the eligibility status from the previous school year for up to 30 days. Any prior school year applications used beyond the 30<sup>th</sup> day of operation are not valid for free and reduced-price meal benefits and will result in fiscal action.
- Eligibility determinations are valid for the entire school year.
- Electronic Benefit Transfer (EBT) Bridge Cards are now used throughout the state of Michigan. The EBT Bridge Card Number is a 16-digit numerical number, for example: 1234 2345 3456 4567, while **the Food Assistance Program (FAP) Case Number is a numerical number, with a total number of 9 digits beginning with the number 1**. The USDA has determined that the number on a household's EBT Bridge Card cannot be accepted as a FAP Case Number on applications for meal benefits. As LEAs receive and review applications for meal benefits, they must ensure that households providing a FAP Case Number in Part 2 of the application are providing a FAP Case Number and not an EBT Bridge Card Number.

- If a household has only one income source, or if all sources are the same frequency (e.g., all weekly), do not use conversion factors. Compare the income or the sum of the incomes to the published Income Eligibility Guidelines (IEG) for the appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one frequency, the correct method is to annualize all income. Annual Income Conversion: weekly x 52; every 2 weeks x 26; twice a month x 24; or monthly x 12. Do not round the values resulting from each conversion. Add all the unrounded converted values and compare the unrounded total to the published IEG for annual income for the appropriate household size.
- All applications for the students in a particular building must be easily retrievable. A household application can be filed and retrieved by a number system using a computer database or spreadsheet cross-reference system. A cross-reference system might use an application number given to each household family application. A child in the household would have their application number listed with their information on the building rosters. The system used must clearly identify the location of the family application for any child listed on that application.
- Every month sponsors must retain an updated roster of students eligible for free, reduced-price, and paid school meals. This record serves as a basis for the claim for reimbursement and for audit and review purposes. It must be kept three years after the date of the final claim for reimbursement for the fiscal year to which it pertains or as long as there are unresolved audit findings related to the record.

### **Sharing Information with Other Programs**

- School food authorities may disclose, without parent/guardian consent, participants' names and eligibility status (whether they are eligible for free meals or free milk or reduced-price meals) to persons directly connected with the administration or enforcement of federal education or state education programs.
- The attachment, Sharing Information with Other Programs, must be used when a school/district plans to use information from free and reduced-price applications for purposes other than evaluating eligibility for school meals or for programs authorized by the National School Lunch Act (42 USC 1758 (b)(2)(C)(iii)). A signature from the parent or legal guardian must be on file before the school/district can release any information from the application.

### **Special Milk Program**

- The Special Milk Program and Free School Milk Family Application materials can only be provided to students who do not have access to the School Breakfast Program (SBP) or National School Lunch Program (NSLP) (i.e., ½ day afternoon kindergarten). School food authorities may **not** claim the Special Milk Program for students who purchase/receive only milk when the SBP or NSLP is available.

## Notification of Eligibility Determination

- E-mail may be used as a method to notify households of their eligibility status. However, it is optional for households to provide an e-mail address and an application cannot be denied if the household does not provide an e-mail address. If a household does not provide an e-mail address or the e-mail address provided does not work, notification of approval/disapproval must be made in writing to the household. Confidentiality/disclosure of eligibility information regulations apply to e-mail of information on household applications.

## Verification

- Verification of eligibility for free and reduced-priced school meals *must* be done each year. The size of the sample is based on the number of approved family applications on file as of October 1, 2019. The deadline for completing Verification of Eligibility for School Meals is November 15, 2019. Verification activities and outcomes must be reported in the Michigan Nutrition Data System (MiND) website by February 1, 2020.

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<sup>i</sup> <https://www.fns.usda.gov/school-meals/translated-applications>  
<sup>ii</sup> <http://www.fns.usda.gov/school-meals/guidance-and-resources>

# FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

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Dear Parent/Guardian:

Children need healthy meals to learn. **Way Academy Detroit** offers healthy meals every school day. **Your children may qualify for free meals or for reduced-price meals.** 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 the **Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)** 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 of 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 INCOME ELIGIBILITY CHART for School Year 2019-2020

Household Size	Annually	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	8,177	682	158

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 **Way Academy-East, or Southwest Or West location.**
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. Return the completed application to: **Way Academy-East, West or Southwest.**
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 received carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Way Academy-East, West or Southwest** 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 <https://www.wayacademy.net/> and selection your

location to begin or to learn more about the online application process. Contact **313-444-9292** 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 **07/2020**. 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 for free meals, your child will be charged the full price for meals.
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 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 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:  
**Madeline.Black@wayprogram.net.**
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 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 **Way Academy-Southwest at 313-444-9292** 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 or call **1-855-275-6424**.

If you have other questions or need help, call **313-444-9292**.