

Holly Area Schools Food Service Newsletter



What's New in Your Schools?

Welcome to your Food Service newsletter!
We are excited to share our story with you!



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248-328-3033

In this issue:

**Important Back to
School Meal Information**

**Education Benefits
Information**

**Education Benefits
Form**

School Meals Update

The Michigan School Meals program along with the USDA is funding free school meals for all Pre K to 12th grade students at HAS for the 2024-2025 school year. This funding allows for one free breakfast and one free lunch per student. Extra items such as drinks, extra entrees, and snacks are not included in this program but will be available for purchase. Student accounts will be used to track meals as well as for extra purchases.

Breakfast is available every school day this year (including half days) and will be served before and up to the first bell.

Lunch is available each full day of school. Each building level has a unique menu which is available on [Nutrislice](#). [Nutrislice](#) delivers all HAS menus through smartphones, email, and the web. You can also download Nutrislice from the App Store (iOS) or Google Play (Android) and search Clarkston to start viewing menus.

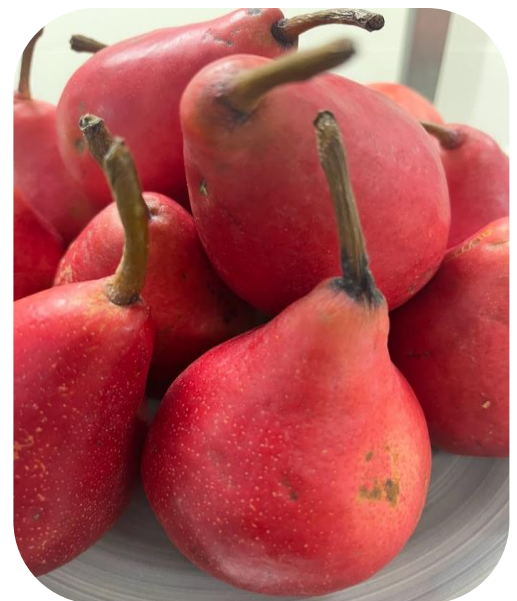
Please contact our office with any questions and we look forward to serving your students this school year!

Important Links

[Website:
Food and Nutrition](#)

[Menu Link:
School Menus](#)

[Student Accounts:
e Funds](#)



Education Benefits Information

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, Holly Area Schools could lose important funding for education programs that our students need.** These supplemental grants and programs have the potential to offer supports 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 is Holly Area Schools requesting 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 child's school.

How will this information be protected? In keeping with current practices, all electronic documents will be protected by FERMI, and updated forms will be secured in a safe location.

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:

- Local programs such as Blessings in a Backpack
- Assistance with testing fees such as SAT, AP, etc.
- Programs that provide field trip support
- Programs that provide school supplies or assist with school fees

If you have any questions, please contact Food Service at 248-328-3033 or 248-328-3036.

EDUCATION BENEFITS FORM SY 2024 - 2025

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 FDIPIR, 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 \$19,578	<input type="checkbox"/> Between \$19,579 and \$27,861	<input type="checkbox"/> At or above \$27,862
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$26,572	<input type="checkbox"/> Between \$26,573 and \$37,814	<input type="checkbox"/> At or above \$37,815
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$33,566	<input type="checkbox"/> Between \$33,567 and \$47,767	<input type="checkbox"/> At or above \$47,768
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$40,560	<input type="checkbox"/> Between \$40,561 and \$57,720	<input type="checkbox"/> At or above \$57,721
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$47,554	<input type="checkbox"/> Between \$47,555 and \$67,673	<input type="checkbox"/> At or above \$67,674
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$54,548	<input type="checkbox"/> Between \$54,549 and \$77,626	<input type="checkbox"/> At or above \$77,627
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$61,542	<input type="checkbox"/> Between \$61,543 and \$87,579	<input type="checkbox"/> At or above \$87,580
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$68,536	<input type="checkbox"/> Between \$68,537 and \$97,532	<input type="checkbox"/> At or above \$97,533

*** 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: _____