

Avoca Elementary News

August 2022

Welcome Back!

Dear Parents, Students and Friends,

Welcome to the 2022-2023 school year! I hope this correspondence finds you relaxed, recharged and ready to begin an exciting school year. I am very excited to be returning to the Principal position at Avoca Elementary. The staff has already been working diligently to prepare many exciting activities for this year. We're excited about the incredible learning opportunities and positive experiences that await.

We are happy to announce the following staff changes and additions to Team Avoca this year:

- Mrs. Melissa Poulsen is now our ECSE teacher.
- Mr. Logan Clare will be joining us full time as our new teacher in the CI classroom.
- We congratulate Mrs. Sarah Wright (formerly Ms. Chrzanowski) on her marriage.
- Mr. Jonathan McCulloch is our new YPSD Social Worker.
- Our new evening custodian is Mr. Christopher Hurlburt.
- Miss Josilynn McCoy, our new Children's Center Opener.
- Mrs. Kimberly Schmidlin is our Children's Center Closer.
- Mrs. Becky Hisscock is returning as a Title I Paraprofessional

We hope to see you at the Open House on Wednesday, August 24. The Kindergarten, ECSE and Children's Center Open House will begin at 5:00, all others will begin at 5:30. Open House ends at 6:30.

I'm here for you! Please stop in, call or email if I can help you in any way.

Very sincerely,
Therese Damman

Important Dates

August

24 Open House Children's Center, Kindergarten & ECSE 5-6:30 p.m.

Open House 1st-5th Grades 5:30 - 6:30 p.m.

30 First Day of School

September

2-5 No School

6 School Resumes

28 HALF DAY OF SCHOOL

30 **Fall Picture Day**

Thank you Volunteers!

The amazing Avoca PTO has been busy getting our school ready for this school year. Thank you to all of the volunteers who have been creating beautiful bulletin boards and display cases throughout the building to welcome our students back. They look great!





Outdoor Classroom Beautification Project

Thank you to Mrs. Korotko and her team of volunteers (Mr. Korotko, Natalie Korotko, Mrs. Wisner, Drake and Elli Wisner, Miss McCarty, Mrs. Israel, Mrs. Harris and Mrs. Kreiner) for beautifying our Outdoor Classroom. It was in great need of some "love" and has been transformed into a beautiful space again! We look forward to getting students outside to learn this fall!



Advance Notice of Pesticide Applications

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility.

Please be advised that Yale Public Schools utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest Management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However certain situations may require the need for pesticides to be utilized.

As required by State of Michigan law, you will receive advance notice regarding the non-emergency application of a pesticide such as an insecticide, fungicide or herbicide, other than a bait or gel formulation, that is made to the school or day care grounds or buildings during this school year. Please note that notification is not given for the use of sanitizers, germicides, disinfectants or anti-microbial cleaners. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students, but you will be notified following any such application.

Advance notification of pesticide applications, other than a bait or gel formulation, will be given by at least 2 methods. The first method will be by posting at the main entrance to the school. The second method will be by posting on the district website (www.ypsd.us).

Please be advised that parents or guardians of children attending the school or day care center are entitled to receive the advance notice of a pesticide application, other than a bait or gel formulation, by first class United States mail postmarked at least 3 days before the pesticide application, if they so request. If you prefer to receive the notification by first class mail, please contact our offices to request

Please be advised that parents or guardians of children attending the school may review the school's Integrated Pest Management program and records of any pesticide application upon request. If you have any questions pertaining to this treatment contact: **Yale Public Schools, Jared Shutko, Building & Grounds Director (810)387-3231 ext. 6270 or email jshutko@ypsd.us**



1 About the law

In an effort to boost reading achievement, Michigan lawmakers passed Public Act 306 in October 2016. To help more students be proficient by the end of 3rd grade, the law requires extra support for K-3 students who are not reading at grade level. The law also states that a child may be retained in 3rd grade if they are one or more grade levels behind in reading at the end of 3rd grade.

2 How schools will help

Your child's school is committed to helping all children become proficient, motivated readers. Your child's reading progress will be closely monitored beginning in kindergarten. If your child's reading is not progressing as expected, a plan for improvement will be created. This plan includes:

- Extra instruction or support in areas of need.
- Ongoing monitoring on reading progress.
- A read-at-home plan that encourages you and your child to read and write outside of the school day and throughout the summer.

Your child will receive regular classroom instruction and additional reading support. Starting in the 2019-2020 school year, in order to be promoted from 3rd to 4th grade, your child must score less than one year behind on the state reading assessment, or demonstrate a 3rd-grade reading level through an alternate test or portfolio of student work. If you are notified that your child may be retained, you have the right to meet with school officials and to request, within 30 days, an exemption if in the best interest of your child. The district will make the final decision. If you are concerned about your child's reading development, talk to his or her teacher.

3 How parents can help

Here are some suggestions for all parents who want to help their child read well:

- Read with your child every day (even in the summer).
- Listen to your child read.
- Echo read (You read a line, then they repeat).
- Choral read (Read together at the same time).
- Reread or retell favorite stories.
- Talk to your child about the stories you have read.

As you read:

- Ask your child to share what they remember.
- Ask questions about the story.
- Talk about your favorite parts, what you've learned, or who is in the book and what they do.
- Talk about the pictures in the book, and how they connect to words on the page.
- Help connect the stories to your child's life or other books you've read.

And, lastly:

- **Talk with your child often:** Knowing more words helps kids to understand the words they read better.
- **Encourage writing:** Let children write the sounds they hear. Spelling is developmental and a work in progress.
- **Stay involved:** Participate in your child's education and support the reading plan if your child has one.



Research shows that reading with your child—not to them—greatly increases children's language and literacy, and puts them on a path to grade level reading.

Watch this video about how to "READ" with your child and try it at home: <https://youtu.be/FjJD1UDwVKg>

Contact your building principal for more information and support for your child:

Therese Damman, Avoca Elementary, 810-387-3231, x2221

READ is from the Rollins Center for Language and Literacy, 2017 (www.readrightfromthestart.org). Used with permission

Free & Reduced Lunch Information



Free School Meals for All Students has Ended

When the 2021-2022 school year came to a close, so did the free meals for every student. While the federal government funded a program that allowed all students access to free meals during the COVID-19 pandemic, Congress declined to continue funding this program. This means all families will need to carry a positive balance in their student's school meal accounts when school begins in the fall.

We understand this change may cause you to worry. However, there are important steps you can take today to be sure your student receives the meals they need next year.

If your student qualifies for free or reduced meals, they can still receive them next year, but you must take action to make it happen. Please follow the step below.

1. Complete the **2022-2023 online application**, which will be available on the district's website and in the districts back to school newsletter.

If you do not qualify for free or reduced meals, you may begin depositing money into student accounts at any time to prepare for the cost of school lunches next year. Information on meal prices for the 2022-2023 school year will be available soon.

If your student has a negative lunch account balance, we encourage you to pay it off as soon as possible and then begin depositing money into the account to prepare for the 2022-2023 school year.

Completing an application is the only way to be considered for free or reduced meals next school year. **Please take action now.**

For assistance, please contact our Food Service Department at 810-387-4542

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. **Yale Public Schools** offers healthy meals every school day. Breakfast costs for all Elementary buildings are universally free; 6th-12th Breakfast costs \$1.25; lunch costs at all Elementary Buildings are **2.25 and 6th-12th \$2.50. Your children may qualify for free meals or for reduced-price meals.** Reduced-price is \$.40 for breakfast and lunch. 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 2022-2023

Household Size	Annually	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	8,732	728	168

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 **[school, homeless liaison or migrant coordinator]**.
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: **JoAnne Faille, Food Service Director.**
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 **JoAnne Faille @ 810-387-4542** immediately.
5. CAN I APPLY ONLINE? Yes! There is a link on the Schools website at WWW.ypsd.us. Navigate to District, then Department and click on Food Service. You can complete the application and email it to jfaille@ypsd.us or send it in to your students school office.

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 [School District]**. 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 **[School/school district contact here; phone and email preferred]**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

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: <ul style="list-style-type: none">• 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 [school/school system here], 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 [name of school/school system here]? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend [name of school/school district here] . 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 complete all steps of the application.
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?
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: <ul style="list-style-type: none">• The Supplemental Nutrition Assistance Program (SNAP) or [insert State SNAP here].• Temporary Assistance for Needy Families (TANF) or [insert State TANF here].• 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 FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: [State/local agency contacts here]. Go to STEP 4 .
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS
How do I report my income? <ul style="list-style-type: none">• 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.<ul style="list-style-type: none">◦ 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.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS
<ul style="list-style-type: none">• 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? <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">◦ 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. 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 . 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. What if I am self-employed? 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. 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. 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. 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. 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."
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. 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. B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult." C) Mail Completed Form to: Insert School/District address here 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.

2022-2023 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 grade 12 (if more lines 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 FDIPIR

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

Child Income

How Often? Please put an X

Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Household Members listed in STEP 1 here.

\$ _____

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 (Children and Adults)	Last Four Digits of Social Security Number (SSN) of _____																	
	Primary Wage Earner or Other Adult Household Member _____ Check if no SSN <input type="checkbox"/>																	

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 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	A child is blind or disabled and receives Social Security Benefits
- Disability Payments	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
- Survivor's 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 Adult Income	Examples
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 FDIPIR 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, 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](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) (https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), 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(1) by 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 *Only use this address if you are filing a complaint of discrimination

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: \$ _____
Weekly Bi-Weekly 2x Month Monthly Annually Household Size: _____ Categorical Eligibility: _____ Eligibility: _____
Free Reduced Denied

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

We're Serving Up **HAPPY & HEALTHY**

**Student Lunch Price \$2.25 Reduced \$.40
September 2022**

All A Carte Snack .60 Adult Lunch: \$5.25 All A Cart Milk \$.60

Monday	Tuesday	Wednesday	Thursday	Friday
5 	6 Chicken Nuggets Whole Grain Biscuit Fresh Fruit Carrot Sticks Applesauce "LUCKY TRAY DAY"	7 Hot Dog Lunch Bubbly Baked Beans Banana Fresh Broccoli	8 Cheesy Pizza Garden Salad Fresh sliced Cucumbers Juicy Pears Fresh Fruit 	9 Turkey Gravy and Mashed Potatoes Seasoned Corn Apple Slices Cherry Tomatoes
12 Easy Cheesy Ravioli Garlic Toast Mixed Veggie Rosy Applesauce Peaches Fresh Veggie	13 Cheese Quesadilla Sour Cream & Salsa Seasoned Refried Beans Bell Pepper Strips Mandarin Oranges	14 Not So Sloppy Joe Tater Tots Pineapple Tidbits Fresh Cherry Tomatoes Fresh Fruit	15 Corn Dog Oven Baked Fries Side Kick Frozen Treat Grapes Celery Stick w/Ranch	16 Chicken Tenders/Roll Fresh Sliced Cucumber and Cauliflower w/Ranch Assorted Fresh Fruits
19 Chicken Nuggets And a Roll Steamed Broccoli Garden Fresh Salad Chilled Fruit Cocktail	20 Taco Salad w/Refried Beans Turkey Meat Cheese, Sour cream & salsa Refried Beans Chilled Pineapple Baby Carrots	21 Macaroni & Cheese Please Dinner Roll Seasoned Green Beans Fresh Fruit Grape Tomatoes	22 Stuffed Crust Pizza Corn Garden Salad Fresh Fruit Bell Pepper Strips	23 Lasagna Roll Up w/Cheese Garlic Bread Green Beans Garden Salad Applesauce Cucumbers w/Ranch
26 Taco for lunch Lettuce, Sour Cream, Salsa Seasoned Refried Beans Applesauce Fresh Fruit & Veggie	27 Popcorn Chicken Mashed Potatoes & Corn Sliced Cucumbers Peaches Fresh Fruit	28 1/2 Day-NO 2nd Choice Breakfast French Toast Sticks (3) Sausage Tater Tots Orange Juice Apple Slices Baby Carrots	29 Bosco Sticks Green Beans Fruit cup Celery Stick & Ranch BIRTHDAY TREAT DAY Mini Ice Cream Sandwich	30 Ham & Cheese Mini Sub Fresh Sliced Cucumbers w/Ranch Warm Cinnamon Apple Slices
Monday 2 nd choice	Tuesday 2 nd choice	Wednesday 2 nd choice	Thursday 2 nd choice	Friday 2 nd choice
Crispy Chicken Patty On a Bun	American Classic Cheeseburger	Chicken Nuggets And a Roll	Cereal Fun Lunch	Bosco Sticks With Marinara

Questions or Comments? Please contact Joanne Faille @ 810-387-4542 or jfaille@vpsd.us [Menu](#) Subject To Change

WELCOME BACK! August 30, 31 & Sept. 2

	30 Tues Popcorn Chicken Mashed Potatoes Sliced Cucumbers Peaches Fresh Fruit Second Choice American Classic Cheeseburger	31 Wed Breakfast French Toast Sticks (3) Sausage & Tater Tots Orange Juice Apple Slices Baby Carrots Second Choice Chicken Nuggets And a Roll	1 Thurs Bosco Sticks Green Beans Frozen Fruit Cup Grapes Celery Sticks Second Choice Cereal Fun Lunch	2 Fri 
---	---	--	--	---

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial, or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected generic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

USDA is an equal opportunity provider employer.

Menus May Be Changing As We Manage the National Supply Chain Challenges

FREE BREAKFAST AT ALL ELEMENTARY SCHOOLS



BREAKFAST SERVED DAILY IN THE CLASSROOM Free to everyone 8:40 daily

Assorted Cereal Graham Cracker 100 % Juice	Chocolate chip Oatmeal Bar Gold Fish Cinnamon Cracker Fruit Cup	WG Choc Muffin String Cheese or Graham Cracker Fresh Apple	Apple Frudel Fresh Fruit 1% or Skim	WG Blueberry Muffin String Cheese or Graham Cracker 100 % Juice
---	--	---	--	--

FRESH FRUIT OFFERED DAILY



High-Quality Preschool in Yale

The Great Start Readiness Program (GSRP) is a state-funded preschool program for eligible children who will be 4 years old on or before Sept. 1, 2022.

SEE IF YOUR
4-YEAR-OLD
QUALIFIES

CALL FOR INFO
810-387-3231 ext.1403

APPLY ONLINE
SCCRESA.org



Blue Water
Community Action...
Helping People.
Changing Lives.

These materials were developed under a grant awarded by the Michigan Department of Education and the U.S. Department of Health and Human Services.

REV 2/2022



Avoca Elementary School

Facebook

Therese Damman, Principal
Missy Priehs, Secretary
Julia Seaman, Social Worker
Jonathan McColluch, Counselor
Sarah Brown, Avoca Children's Center Director

8751 Willow Street, Township o...

mpriehs@ypsd.us

810-387-3231

ypsd.us