

September 2025

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. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.



NICE COMMUNITY SCHOOLS
Office of the Superintendent
300 Westwood Drive
Ishpeming, MI 49849
(906) 485-1021



September 2025

Dear Parents and Guardians,

We need your help to make sure all of our students are fully prepared for academic success. We all know that hungry children have a more difficult time doing their best work. That's why we encourage all students to begin the school day with a nutritious breakfast. The best part is, under the Community Eligibility Provision (CEP) and Michigan School Meals (MSM) programs, ALL students at Aspen Ridge and Westwood can have a breakfast at no cost (FREE) to begin the 2025-26 school year. This may change as the year goes on depending on State and Federal programs and families will be notified if so.

The School Breakfast Program is available to all students every weekday morning. The times served are from 7:45 am – 8:15 am at Aspen Ridge (subject to change) and from 7:30 am – 8:00 am at Westwood. You do not have to register your child in advance. Your child can eat breakfast at school every day or only occasionally. School breakfast makes good sense-it provides $\frac{1}{4}$ of your child's nutritional needs, meets Dietary Guidelines recommendations, and offers children a chance to eat breakfast with their friends.

School Breakfast is an ideal solution on busy mornings when kids are running late or parents have to be at work early. Whatever the reason, if breakfast at home is not convenient, please have your child take advantage of the free breakfast here at school.

Thank you for helping us to make sure that all of our students start the school day alert, well fed and ready to learn.

Sincerely,

Bryan DeAugustine

Bryan DeAugustine
Superintendent

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Food Service Guidelines/Policy

Payments/Purchases - Student meal payments and purchases are set up in a family account. Payments are to be made to your child/rens account and purchases made from it. Parents are encouraged to use the "SchoolPay" online option to pay for meals using a credit/debit card or electronic check. Payments will still be accepted in the school office in check or cash. **This is not a credit system. There will be no credit extended for second meals or ala-carte items.** You may view your food service account balance, access detailed statements and receive email notification through the online Family Access Program. You may also contact the school office at any time to request a statement of account. **You must maintain a positive account balance.** If you have not turned in an Education Benefits Form or if your household income has changed, you should consider completing and submitting the form. Education Benefits Forms are available in the principal's office or on the district website www.nice.k12.mi.us under Parents in the menu bar and may be completed and turned in at any time during the school year. Education Benefits Forms help ensure the district receives state and federal funding for education programs that our students need.

NICE has a free automatic food service email notification that you can activate in Family Access with just a few simple steps. From our district website at www.nice.k12.mi.us click on Parents in the menu bar and then Family Access. Log in to Family Access using your family Login ID and password. If you need assistance with your Login ID and/or password, please contact either building office. Click on My Account in the upper right corner of your screen. There is a place near the top for your email address, please enter and/or verify your email address. Under Email Notifications check the box to "Receive Emails when Food Service Balance is under \$5.00". Click the Save button before you exit or your selection will not be registered by the system. Messages may be programmed into the food service system to alert the cashiers of any spending limitations or monetary restrictions on your child's account for example "NO ala-carte purchases" or "daily ala-carte purchase limit set at \$X.XX" (ala-carte is available to grades 4 through 12). Please contact the school office if you want to have a message included on your child's account.

Student Identification - Student PINs are required to purchase a meal. Students will have the same PIN each year.

Replacing or Denying Meals – N/A for 2025-2026 School Year. ~~Replacement meals may be offered to a student if a family account has exceeded credit of 3 meals per student. In these cases, a substitute meal will be offered. The State of Michigan recommends that only 3 such meals be supplied, per student, per year. Please keep your family's account current to avoid this situation.~~

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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)		
☐ 1 →	☐ At or below \$20,345	☐ Between \$20,346 and \$28,953	☐ At or above \$28,954
☐ 2 →	☐ At or below \$27,495	☐ Between \$27,496 and \$39,128	☐ At or above \$39,129
☐ 3 →	☐ At or below \$34,645	☐ Between \$34,646 and \$49,303	☐ At or above \$49,304
☐ 4 →	☐ At or below \$41,795	☐ Between \$41,796 and \$59,478	☐ At or above \$59,479
☐ 5 →	☐ At or below \$48,945	☐ Between \$48,946 and \$69,653	☐ At or above \$69,654
☐ 6 →	☐ At or below \$56,095	☐ Between \$56,096 and \$79,828	☐ At or above \$79,829
☐ 7 →	☐ At or below \$63,245	☐ Between \$63,246 and \$90,003	☐ At or above \$90,004
☐ 8 →	☐ At or below \$70,395	☐ Between \$70,396 and \$100,178	☐ 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.