

HOUSEHOLD INFORMATION REPORT – LETTER TO HOUSEHOLDS

Mancelona Public Schools

Dear Parent or Guardian:

We are pleased to inform you that *Mancelona Public Schools* will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2020-2021.

The GREAT NEWS is that ALL students enrolled at our school can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

In place of the Free and Reduced-Price Meal Application we still need your household to **fill out and sign the Household Information Report**. This report is *critical* in determining the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc.

These supplemental programs have the potential to offer supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit it as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our school cannot maximize the use of available State and Federal funds.

If we can be of any further assistance, please contact us at [231-587-9764 ext 214](tel:231-587-9764) or LNewland@mancelonaschools.org.

Sincerely,

Lindsey Newland
Food Service Director

HOUSEHOLD INFORMATION REPORT SY 2020 - 2021

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. Household Income - Select the appropriate range of combined annual income for all people in the household (Include all income sources before taxes.)

Part C	Part D		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below - \$16,588	<input type="checkbox"/> Above \$16,588 & at or below \$23,606	<input type="checkbox"/> Above \$23,606
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below - \$22,412	<input type="checkbox"/> Above \$22,412 & at or below \$31,894	<input type="checkbox"/> Above \$31,894
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below - \$28,236	<input type="checkbox"/> Above \$28,236 & at or below \$40,182	<input type="checkbox"/> Above \$40,182
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below - \$34,060	<input type="checkbox"/> Above \$34,060 & at or below \$48,470	<input type="checkbox"/> Above \$48,470
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below - \$39,884	<input type="checkbox"/> Above \$39,884 & at or below \$56,758	<input type="checkbox"/> Above \$56,758
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below - \$45,708	<input type="checkbox"/> Above \$45,708 & at or below \$65,046	<input type="checkbox"/> Above \$65,046
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below - \$51,532	<input type="checkbox"/> Above \$51,532 & at or below \$73,334	<input type="checkbox"/> Above \$73,334
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below - \$57,356	<input type="checkbox"/> Above \$57,356 & at or below \$81,622	<input type="checkbox"/> Above \$81,622

*** 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 HOUSEHOLD INFORMATION REPORT

This survey 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, birthdate, 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: 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, birthdate, 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: Household Income - Check the box for 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 and date.