



WALKERVILLE PUBLIC SCHOOLS

July 26, 2021

Dear Parent or Guardian:

We are pleased to inform you that Walkerville Public Schools will again be participating in an option available to schools as part of the National School Lunch and School Breakfast Program called the Community Eligibility Provision (CEP) for the School Year 2021-2022.

The GREAT NEWS is that ALL students enrolled at our school are eligible to receive a healthy breakfast and lunch at school at NO CHARGE to your household each day of the 2021-2022 school year.

We are asking that you fill out and sign the Household Information Survey, which is needed for administrative purposes, not to determine eligibility. This survey allows our school to benefit from various State and Federal supplemental programs like Title I A, At Risk (31a), Title II A, E- Rate, etc. This survey is critical in determining the amount of money the school receives from a variety of supplemental programs. We are asking that you please complete and submit it as soon as possible.

All information on the survey submitted is confidential. Without your assistance, the school cannot maximize utilization of available State and Federal funds.

Enclosed please find a **"Household Information Survey"** form. This form must be completed and returned to the Walkerville Public Schools main office.

If we can be of any further assistance, please contact us at (231) 873-4850 ext. 3323

Sincerely,

A handwritten signature in black ink that reads "Sandra Oomen". The signature is written in a cursive, flowing style.

Sandra Oomen
Business Manager

USDA Nondiscrimination Statement

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

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 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. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or 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; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

HOUSEHOLD INFORMATION REPORT SY 2021 - 2022

District: Wainerville Public Schools School: Wainerville Public

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 \$16,744	<input type="checkbox"/> Between \$16,745 and \$23,828	<input type="checkbox"/> At or above \$23,829
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$22,646	<input type="checkbox"/> Between \$22,647 and \$32,227	<input type="checkbox"/> At or above \$32,228
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$28,548	<input type="checkbox"/> Between \$28,549 and \$40,626	<input type="checkbox"/> At or above \$40,627
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$34,450	<input type="checkbox"/> Between \$34,451 and \$49,025	<input type="checkbox"/> At or above \$49,026
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$40,352	<input type="checkbox"/> Between \$40,353 and \$57,424	<input type="checkbox"/> At or above \$57,425
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$46,254	<input type="checkbox"/> Between \$46,255 and \$65,823	<input type="checkbox"/> At or above \$65,824
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$52,156	<input type="checkbox"/> Between \$52,157 and \$74,222	<input type="checkbox"/> At or above \$65,824
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$58,058	<input type="checkbox"/> Between \$58,059 and \$82,621	<input type="checkbox"/> At or above \$82,622

*** 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 report 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.