



WALKERVILLE PUBLIC SCHOOLS

July 8, 2022

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 2022-2023.

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 2022-2023 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 Report SY 2022-2023"** 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,

Sheri Boes
Food Service Supervisor

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.



WALKERVILLE PUBLIC SCHOOLS

8 de julio del 2022

Estimado Padre o Tutor:

Nos complace informarles que las Escuelas Públicas de Walkerville estarán de nuevo participando en una nueva opción disponible para las escuelas como parte del Programa Nacional de Almuerzos Escolares y Desayuno Escolar llamado Disposición de Elegibilidad Comunitaria (CEP) para el Año Escolar 2022-2023.

La GRAN NOTICIA es que TODOS los estudiantes matriculados en nuestra escuela son elegibles para recibir un desayuno y almuerzo saludable en la escuela sin costo a su hogar cada día del año escolar 2022-2023.

Le pedimos que llene y firme la Encuesta de Información del Hogar, la cual es necesaria para propósitos administrativos, no para determinar la elegibilidad. Esta encuesta permite que nuestra escuela se beneficie de varios programas suplementarios estatales y federales como Título IA, Riesgo (31a), Título II A, Tasa E, etc. Esta encuesta es crítica para determinar la cantidad de dinero que la escuela recibe de una variedad de programas complementarios. Le pedimos que complete y envíe lo antes posible.

Toda la información contenida en la encuesta es confidencial. Sin su ayuda, la escuela no puede maximizar la utilización de los fondos estatales y federales disponibles.

Adjunto encontrará un formulario de "**Información sobre el Hogar**". Este formulario debe ser completado y devuelto a la oficina principal de las Escuelas Públicas de Walkerville.

Si podemos ser de más ayuda, por favor contáctenos al (231) 873-4850 ext. 3323

Sinceramente,

Sheri Boes
Supervisora de servicio de alimentos

Declaración de no discriminación del USDA

De acuerdo con la ley federal y las regulaciones y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), se prohíbe a esta institución discriminar por raza, color, origen nacional, sexo, edad, discapacidad y represalias o represalias por derechos civiles anteriores actividad. (No todas las bases prohibidas se aplican a todos los programas.)

Las personas con discapacidades que requieran medios alternativos de comunicación para información del programa (p. Ej., Braille, letras grandes, cinta de audio, lenguaje de señas americano, etc.) deben comunicarse con el Estado o la Agencia local responsable que administre el programa o el Centro TARGET del USDA al (202) 720 -2600 (voz y TTY) o comuníquese con USDA a través del Servicio Federal de Relevamiento al (800) 877-8339. Además, la información del programa está disponible en otros idiomas además del inglés.

Para presentar una queja alegando discriminación, complete el Formulario de Queja de Discriminación del Programa del USDA, AD-3027, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA o escriba una carta dirigida al USDA Y proporcionar en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe su formulario o carta al USDA por correo: Departamento de Agricultura de los Estados Unidos Oficina del Subsecretario de Derechos Civiles 1400 Independence Avenue, SW Washington, D.C. 20250-9410 fax: (202) 690-7442; O correo electrónico: rogam.intake@usda.gov.

Esta institución es un proveedor de igualdad de oportunidades.

HOUSEHOLD INFORMATION REPORT SY 2022 - 2023

District: Walkerville Public Schools School: Walkerville Public 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 FDP, 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 \$17,667	<input type="checkbox"/> Between \$17,668 and \$25,142	<input type="checkbox"/> At or above \$25,143
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$23,803	<input type="checkbox"/> Between \$23,804 and \$33,874	<input type="checkbox"/> At or above \$33,875
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$29,939	<input type="checkbox"/> Between \$29,940 and \$42,606	<input type="checkbox"/> At or above \$42,607
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$36,075	<input type="checkbox"/> Between \$36,076 and \$51,338	<input type="checkbox"/> At or above \$51,339
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$42,211	<input type="checkbox"/> Between \$42,212 and \$60,070	<input type="checkbox"/> At or above \$60,071
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$48,347	<input type="checkbox"/> Between \$48,348 and \$68,802	<input type="checkbox"/> At or above \$68,803
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$54,483	<input type="checkbox"/> Between \$54,484 and \$77,534	<input type="checkbox"/> At or above \$77,535
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$60,619	<input type="checkbox"/> Between \$60,620 and \$86,266	<input type="checkbox"/> At or above \$86,267

*** 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 (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.