

# ALL SCHOOLS WILL EAT BREAKFAST AND LUNCH FOR FREE THIS YEAR.

We ask that you please still fill out the forms to the best of your ability, so that we can get the proper reimbursements and hopefully keep this program for the future school years.

\*Second meals are subject to fees\*

If you have any questions at all please contact:

Valerie Larange, DDS @ 989-275-6685

### IT'S MORE THAN THE FORM

We strongly encourage all parents/guardians to return their Education Benefits Form. Completing this form takes less than 5 minutes and can help students receive important resources.

#### **EVERY FORM COUNTS!**

Every application that is not submitted means lost educational programs and resources for our students.

Filling out the Education Benefits Form may help provide:



Health & Wellness Services



Before and After School Academic & Enrichment Programs



Guidance & College Counselors



Fee Waivers for College Applications & Admissions Tests



Resources for Classrooms, Teachers & Children

Student's Last Name  Student's First Name  Level  School  Mif Migrand R If Runaway F if Foster  You need additional lines, attach a second sheet to this report or attach a copy of this report clearly arked as a Page 2.  ART B: BENEFITS RECEIVED - If any member of your household receives Food Assistance Program (FAP), Family dependence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. ridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.  Take T C: HOUSEHOLD SIZE - Enter the total number of individuals living in your household, including all adults and ilidren ->  Type of Income  Type of Income  L Gross Monthly Household Discome (Circle in None  ART D: TOTAL MONTHLY HOUSEHOLD INCOME - Report income for all members of household excluding Foste hildren. If you have reported a case number above, you do not need to fill in this section. Move on to PART E.  Type of Income  L Gross Monthly Earnings: Wages, Salary, Commissions  Monthly Dividends or Interest on Savings Monthly Payments from Pensions, Retirement, Social Security  Mone Monthly Dividends or Interest on Savings Monthly Worker's Compensation, Unemployment, Strike Benefits  Mone Total Monthly Household Income (Add lines 1-6)  Total Monthly Ho						
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## 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: Size of Family - Enter 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: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

If your household <u>does not</u> 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: Size of Family - Enter 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: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.