

## Rogers City Area Schools

1033 West Huron Ave. Suite B, Rogers City, Michigan 49779 Telephone (989) 734-9101 - Fax (989) 734-7428 Nicholas C. Hein ~ Superintendent

## Dear Parent or Guardian:

We are pleased to inform you that <u>Rogers City Elementary School</u> will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2019-2020.

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 <u>critical</u> 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 (989)734-9101 or victoria.paull@rcashurons.org

Sincerely,

Nicholas C. Hein, Superintendent Rogers City Area Schools

## INSTRUCTIONS FOR COMPLETING THE

HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

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: Enter the total number of individuals living in your household, including all children in the box provided.
- Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits
- Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
- Part D: Skip this part
- Part E: 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: List the total number of individuals living in your household, including all children.
- Part B: Skip this part.
- Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
- Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.
- Part E: Sign the form. Print your name and Date.

## **Household Information Report**

Rogers City Area Schools 1033 W. Huron Avenue, Suite B Rogers City, Michigan 49779 (989)734-9101 victoria.paull@rcashurons.org

(Home Phone)

School Use Only						
Approved for:						

To determine eligibility for va	rious additional state and fed	deral program benefits that yo	ur school	may qualify for, p	olease complete,	sign and return	
this report to Rogers City Eler	mentary Schools.						
	These sections must be	e completed by the head of	f househ	old or designee			
PART B. CURRENT BENEFITS - If any member of your housel	- Complete below if applicabl hold receives Food Assistance	duals living in your household le e Program (FAP), Family Indep Card Numbers and Medicaid I	endence	Program (FIP), or	FDPIR, provide tl	he name and	
Name:		Case Nur	nber:			_	
PART C. STUDENT INFORMAT	<b>FION</b> – Complete for each stu	udent Pre-K through 12th Grad	le				
Last Name	First Name	Birth Date XX-XX-XXXX		School	<b>H</b> if I <b>M</b> if <b>R</b> if I	Identify H if Homeless M if Migrant R if Runaway F if Foster	
						-	
	<b>DUSEHOLD INCOME</b> – Report ot need to fill in this section.	s report or attach a copy of the t income for all members of ho Simply sign and date form.					
Type of Income						Check if None	
Gross Monthly Earnings: Wages, Salary, Commissions     Monthly Welford Daymonto, Child Suggests, Alignory				\$			
Monthly Welfare Payments, Child Support, Alimony     Monthly Payments from Pensions, Retirement, Social Security				\$			
4. Monthly Dividends or Interest on Savings				\$			
5. Monthly Worker's Compensation, Unemployment, Strike Benefits				\$			
6. Other Monthly Income (SSI, VA, Disability, Farm, other)				\$			
Total Monthly Household Income (Add lines 1-6)			\$				
	(promise) that all information	on on this report is true and the understand that school officia	nat all inco	me is reported.  I		t the school will	
(Signature) (Printed Name)			(Date)				
(Address)		(City)			(Zip)		

(Work Phone)

(Email Address)