



Dear BCS Families:

We are pleased to inform you that Bronson Community Schools will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the next two School Years 2022-2023 and 2023-24.

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

In order to continue to offer this program to the families in our district, we need **ALL** households to **fill out, sign, and return the attached Household Information Report**. Please know that all information on the report that you provide is confidential.

In addition to our continued CEP eligibility, 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

Without your assistance in completing and returning the attached report, our school cannot maximize the use of available State and Federal funds, including the CEP program.

Please complete and submit the attached form (only 1 form needed per household) as soon as possible to ensure that additional funding for our school is available to meet the varying needs of all of our students.

If we can be of any further assistance, please contact us at 517-369-3349

Sincerely,

Barb Yearling

Barb Yearling
Director of Dining Services
450 E. Grant St. Bronson, MI 49028
517-369-3349
yearlinb@bronsonschools.org

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 DOES NOT 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.

Bronson Schools 2022-23

Household Information Report

SCHOOL USE ONLY

Approved
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To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to Bronson Community Schools Food Service Dept. 450 E. Grant St. Bronson, MI 49028

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children → _____

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, 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. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a Page 2.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

(Signature) (Printed Name) (Date)

(Address) (City) (Zip)

(Home Phone) (Work Phone) (Email Address)

By providing your email address you may be contacted via email by the district.