



SAINT LOUIS PUBLIC SCHOOLS

Saint Louis, Michigan 48880

Website: stlouisschools.net

Superintendent
113 E. Saginaw Street
Phone (989) 681-2545

St. Louis High School
113 E. Saginaw Street
Phone (989) 681-2500

T.S. Nurnberger
Middle School
312 N. Union Street
Phone (989) 681-5155

Eugene M. Nikkari
Elementary
301 W. State Street
Phone (989) 681-5131

Carrie Knause Early Childhood
Learning Center
121 I & K Street
Phone (989) 681-3535

Dear Parent or Guardian:

We are pleased to inform you that every school in the St. Louis Public Schools District will be participating in a new 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 2018-2019.

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 2018-2019 school year.

We are asking that you **fill out and sign the attached 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 to your child's school 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.

If we can be of any further assistance, please contact us at Charles W. Clevenger 989-681-5825 or email to charles.clevenger@compass-usa.com

Sincerely,

Charles W. Clevenger
Director of Dining Services
St. Louis Public Schools.

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.

Mission Statement

"ST. LOUIS PUBLIC SCHOOLS, IN PARTNERSHIP WITH FAMILY AND COMMUNITY, WILL TEACH ALL STUDENTS TO COMMUNICATE EFFECTIVELY, THINK CREATIVELY, AND ASSUME A RESPONSIBLE ROLE IN SOCIETY."

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION SURVEY

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. The last four digits of a Social Security Number are **not** necessary.

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. Enter the last four digits of a Social Security Number.

School District Name
 Address 1
 Address 2
 City, State Zip
 Phone:
 Email:

Household Information Survey

SCHOOL USE ONLY	
Approved for:	
1 <input type="checkbox"/>	2 <input type="checkbox"/>

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to _____ (school name).

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
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey 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 No Income
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 - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address
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By providing your email address you may be contacted via email by the district.