



Office of School Nutrition

Support Services Complex, Building C • 1601 Farnsworth • Detroit, MI 48211
(313) 578-7220

detroitk12.org

August 11, 2022

Dear Parent or Guardian:

We are pleased to inform you that Detroit Public Schools Community District continues to participate in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the 2022-2023 School Year.

Our participation in CEP ensures that all students enrolled at a District school will receive a healthy breakfast and lunch daily at **NO CHARGE** to your household.

To maintain our program status, parents and guardians **must fill out and sign the Household Information Report** form, (*formerly known as the S4 form*). This form is **critical** in determining the amount of money that your child's school receives from a variety of State and Federal supplemental programs such as Title I A, At-risk (31a), Title II A, E-Rate, etc.

Funding from these supplemental programs, have the potential to provide additional supports and services for our students including, but not limited to:

- Instructional supports (staff, supplies, and materials, etc.)
- Fee application waivers (college applications, ACT/SAT testing, etc.)
- Discounts for internet services
- Student bus discount cards
- Parent and community engagement supplies and activities
- School technology

Please return the completed Household Information Report form to your child's school as soon as possible to ensure that additional funding is available to meet the needs of our students.

If we can be of any further assistance, please contact us at (313) – 578 – 7220.

Sincerely,

Detroit Public Schools Community District

Students Rise. We all Rise.

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 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 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: 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.

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HOUSEHOLD INFORMATION REPORT SY 2022 - 2023

District: Detroit Public Schools Community District **School:** _____

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 *your child's school*.

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

PART A: STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

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 B: BENEFITS RECEIVED - If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDP/IR, 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:** _____

Student's Last Name	Student's First Name	Student ID #	Grade Level	School	Birth Date	Identify H if Homeless M if Migrant R if Runaway F if Foster

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

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)

Do NOT fill out this section. This is for school use only.
 Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

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DPSCD does not discriminate based on race, color, national origin, sex, disability and/or religion. Contact Compliance for more information at (313) 240-4377 or detroitk12.org/admin/compliance



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Office of School Nutrition

HOUSEHOLD INFORMATION REPORT SY 2022 – 2023 (cont'd.)

Student's Last Name	Student's First Name	Student ID #	Grade Level	School	Birth Date	Identify H if Homeless M if Migrant R if Runaway F if Foster

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