

Oak Park Schools
 13900 Granzon
 Oak Park, MI 48237
 Aric Weinclaw
 248-336-7757

Community Eligibility Provision Survey

Free Breakfast and Lunch Program

Return survey to school office, mail, or e-mail to
 awiencl@oakparkschools.org

SCHOOL USE ONLY
 Approved for:
 1 2

Oak Park Schools is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for state and federal programs that your school building can qualify for, please complete, sign and return this application to your school building or mail to Aric Weinclaw at the above address.

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: _____

INSTRUCTIONS: Complete survey and return to your child's school or mail to the address listed above.

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

1. SIZE OF FAMILY - Indicate the total number of individuals living in your household, including all adults and children _____

2. STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	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**.

3. 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)	\$ _____	

4. 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 be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

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