



RISING STARS

ACADEMY

Dear Parent or Guardian:

We are pleased to inform you that Rising Stars Academy will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs for the School Year 2023-2024.

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 *critical* in determining the amount of money 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 the application 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 Marsha Salome at 586-806-6455 or via email at msalome@rsaonline.org.

Sincerely,

Emily Bregier
Superintendent

23855 Lawrence Avenue, Center Line, MI 48015

586.806.6455 • www.rising-stars-academy.org • TAX ID 46-0834143

HOUSEHOLD INFORMATION REPORT SY 2023 - 2024

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 Rising Stars Academy.

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

| Student's Last Name | Student's First Name | Grade Level | 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 B: BENEFITS RECEIVED - 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: 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: _____

INSTRUCTIONS FOR COMPLETING THE HOUSHOLD 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.