



**REED CITY  
SCHOOLS**

**Food Service**

225 W. Church Avenue  
Reed City, MI 49677  
Phone 231.832.2201  
Fax 231.832.2202

[www.reedcityschools.org](http://www.reedcityschools.org)

***Leading the Pack***

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We are pleased to inform you that we will be participating in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs.

The **GREAT NEWS** is that **ALL** students enrolled in our district 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 complete an Education Benefit Form (EBF). 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

We are asking that you please complete and submit the Education Benefit Form (EBF) 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 report, our school cannot maximize the use of available State and Federal funds.

You can save time by completing this form online as well. [Online EBF](#)

You must complete the **Sharing Information with Other Programs form**, [Sharing with Other Programs Form](#) to grant permission for your eligibility information to be shared.

If you have any questions, please contact Tricia Connell at 832-2840.

Sincerely,

Michael Sweet  
Superintendent



## **INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM**

This form 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. Letter to Parents.docx