



FREE AND REDUCED LUNCH (FRL) FORM



Dear Parent or Guardian,

We are pleased to inform you that Detroit Public School Community District participates in the Community Eligibility Provision (CEP) as part of the National School Lunch and School Breakfast Programs. ALL students enrolled at our schools can receive a healthy breakfast and lunch at NO CHARGE to your household each day.

To support this program, the District needs **all households to fill out and sign the Household Information Report**. We ask that you fill this out **regardless of your income level** – collecting this form for all students is critical in determining the amount of money that our schools receive from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc.

Completing the attached form will help ensure the following benefits and resources will be available for your child, his or her classroom and the school:

- Free tutoring and afterschool programs
- Extra teacher aides and other specialized staff for your child's classroom
- Classroom technology-computers, white boards and the internet
- DOT bus cards and other transportation assistance
- Free summer school and summer enrichment programs
- Free college testing services and waiver of college applications fees
- Parent and Community engagement supplies and activities
- Field trips, field days and other academic enrichment activities
- Career and Technical Education opportunities

We are asking that you please complete and submit it as part of the enrollment packet to ensure that our schools have additional funding to meet the needs of students. All information on the report submitted is confidential. Without your assistance in completing and returning the attached report, our schools cannot maximize the use of available State and Federal funds.

Note: If you are enrolling for the 2021-22 school year, please hold onto this form and sign and submit it to your school after July 1, 2021. Forms completed before July 1, 2021 will not be eligible for the 2021-22 school year.

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

Sincerely,
Detroit Public Schools Community District

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION REPORT

Please fully complete form and sign.



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.

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.



HOUSEHOLD INFORMATION REPORT

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 _____.
(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
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		/ /		
		/ /		
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		/ /		

HOUSEHOLD INFORMATION REPORT - CONTINUED

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 or Check 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.

_____/_____/_____
Date

Signature

Printed Name

Address

City

Zip

Home Phone

Work Phone

Email Address (By providing your email address you may be contacted via email by the district).



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