



Nutrition Services
910 North Walnut Street
Bay City, Michigan 48706
Tel: (989) 671-8191
Fax: (989) 686-4982
Janet Nettleton, Director

Bay City Public Schools
910 North Walnut Street
Bay City, Michigan 48706
Tel: (989) 686-9700
Fax: (989) 686-1047
Web: www.bcschools.net
Janet Greif
Superintendent

Dear Parents/Guardians,

The Nutrition Services Department is pleased to inform you that Bay City Public Schools will be implementing an option available to schools participating in the National School Lunch and School Breakfast programs called the Community Eligibility Provision (CEP) for School Year 2016-2017.

The schools participating in this program are:

Central High School, Handy Middle School and Wenona

along with

Lindsay, MacGregor and Washington Elementary

What does this mean for you and your students attending the schools identified above?

All students enrolled at these the buildings listed above are eligible to receive a healthy Breakfast and Lunch at school for

NO CHARGE to your household each day of the 2016-2017 school year.

Attached is a "HOUSEHOLD SURVEY". It is very important that all families with students enrolled in the buildings listed above complete the "Household Survey".

This information is collected so the district can receive additional State and Federal Dollars to maintain many special programs. Please either mail back to Nutrition Services Department at 910 N Walnut Street, Bay City, MI 48706 or have your student turn it in at their school office.

If you have students in school buildings in the district not listed above, a Family Meal Application will need to be completed to qualify for Free or Reduced Meals.

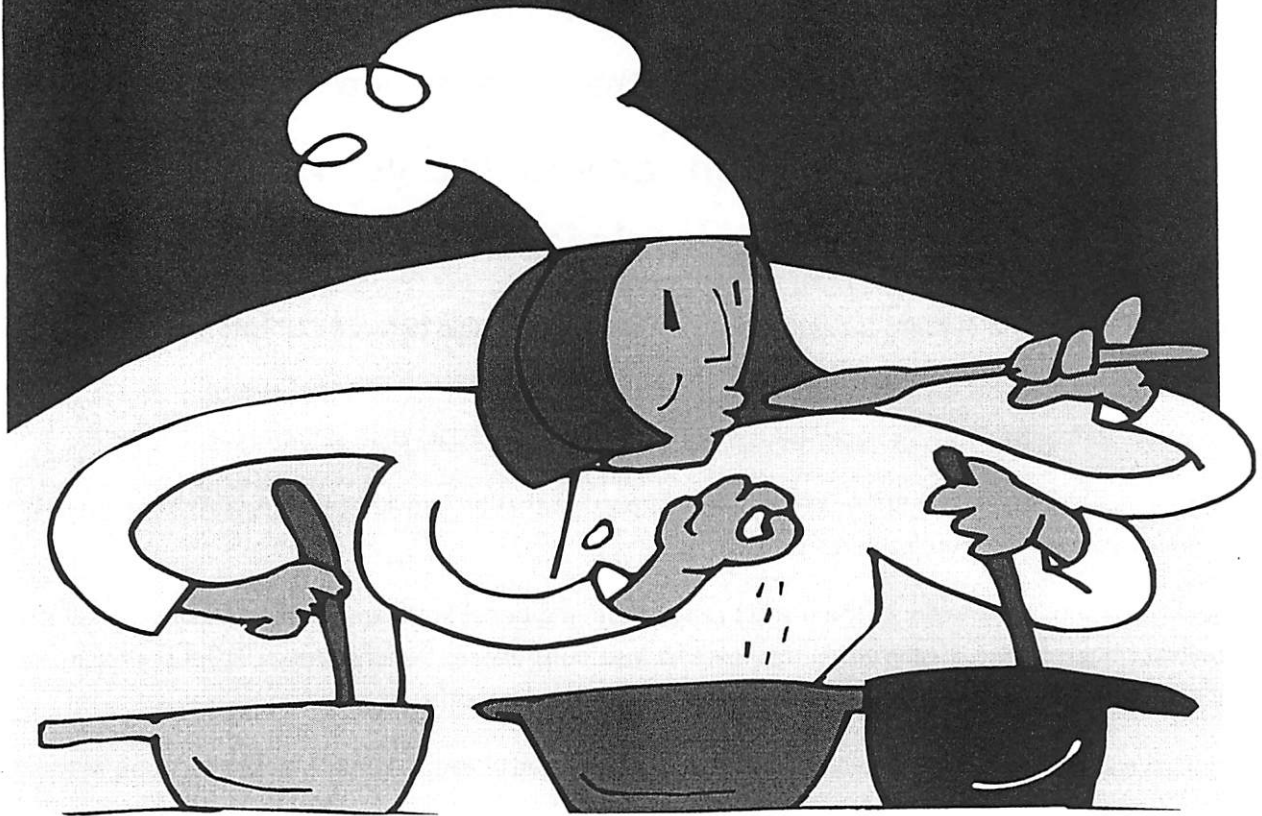
If you have any questions, Please call the Nutrition Services office @ (989) 671-8191.

This institution is an equal opportunity provider.

Sincerely,

Janet Nettleton, Director of Nutrition Services

WE'RE LOOKING
FOR A FEW
EXTRA SETS
OF HANDS.



A JOB IN YOUR CHILD'S SCHOOL CAFETERIA ALLOWS YOU TO BE AT HOME WHEN YOUR FAMILY NEEDS YOU THERE. CALL TODAY FOR MORE INFORMATION!

989-671-8191

OR GO TO WWW.BCSCHOOLS.NET TO APPLY ONLINE

WELCOME BACK

HOUSEHOLD SURVEY

**PLEASE FILL THIS FORM OUT AND RETURN TO
YOUR SCHOOL OR NUTRITION SERVICES
OFFICE**

**THIS FORM IS NOT ONLY USED FOR THE MEAL
PROGRAM, BUT IS ALSO NEEDED TO PROVIDE
GRANT FUNDING FOR OTHER PROGRAMS IN
OUR DISTRICT.**

**IF YOU HAVE QUESTIONS, CALL THE
NUTRITION SERVICES OFFICE @ 989-671-8191**

Household Information Survey

SCHOOL USE ONLY

Approved for:

1 2

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to Bay City Public Schools).

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
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.

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 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)		\$

PART E. 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 get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

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