



Community Eligibility Provision
Laupahoehoe Community Public Charter
School

August 7, 2017

Dear Parent/Guardian:

We are pleased to inform you that Laupahoehoe Community Public Charter School will be implementing a new option available to schools participating in the National School Lunch Program and School Breakfast Programs called the Community Eligibility Provision.

The Community Eligibility Provision (CEP) provides an alternative approach by offering free school meals to schools in low income areas, instead of collecting individual applications for free and reduced price meals.

The CEP allows schools that predominantly serve low-income children to offer free, nutritious school meals to all students through the USDA Child Nutrition Programs. The CEP uses information from other programs, including the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance Program for Needy Families (TANF) to qualify a school. Traditional paper applications are no longer needed.

This is great news for you and your child(ren)! All enrolled students of Laupahoehoe Community Public Charter School will be eligible to receive a healthy breakfast and lunch at school at no charge to your household each day of the 2017-2018 school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay for meals or submit a meal application.

Should you have any questions, please contact us at 962-2200.

Sincerely,

Tracy H. Jardine, NSLP Coordinator

Family Household Survey

for Hawai'i Public Schools participating in the Community Eligibility Provision
(CEP) Pilot

2017-18 School Year

Dear Parent/Guardian of Laupahoehoe Community Public Charter School student:

Our school is participating in the Community Eligibility Provision (CEP) pilot which allows *all students* to receive a breakfast and lunch each school day at no charge. As part of the program, we are asking families to complete this Family Household Survey about their family circumstances. Although your child(ren) will receive free breakfast and lunch for the entire school year at Laupahoehoe Community Public Charter School whether this survey is returned or not, the information these surveys provide the school is very important in order for the school and your child(ren) to be considered for benefits and opportunities.

The form is attached (Page 3) and should be returned to the school office.

If I have more than one child in a public school, do I need to fill out a form for each child?

This Family Household Survey is only being collected for students enrolled in schools participating in CEP. You should receive a Family Household Survey form for each child who is attending a school that is participating in CEP. Please return each form to the child's teacher or the school office.

IMPORTANT: *The Family Household Survey is unique to schools that are participating in CEP. If one or more children attend a school that is NOT participating in CEP, you will need to complete the Free/Reduced Meal Application in order for them to be eligible to receive free or reduced price meals. For a list of the schools participating in CEP and other information about the CEP pilot, visit <http://bit.ly/HawaiiCEP>.*

Why should I complete this form?

Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. By completing this form, you help ensure that your child and our school will receive benefits that support your child's education.

If you have any questions about the purpose of this form or how to complete it, please contact our school at (808) 962-2200. Thank you for your support.

Sincerely,



Romeo Garcia

Director

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Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay. If the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52

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- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

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Please read the information on the previous pages before completing this page. Read each part carefully and return page 3 (this page) to Laupahoehoe Community Public Charter School after completion.

PART A: Fill in the following information for all students living in your household.

Please fill in the information below for your child. Complete a separate form for each student enrolled in a HIDOE school participating in the Community Eligibility Provision (CEP) Pilot.

This form is only applicable for students attending a CEP school. If one or more of your child(ren) is attending a school that is NOT participating in CEP, you will need to complete a Free and Reduced Meal Application in order for them to be eligible for free or reduced meal prices.

Student Information:

For school staff use only:

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
School Name: <input type="text"/>	Grade Level: <input type="text"/>	Birthdate (MM/DD/YY) <input type="text"/>

10-Digit Student ID:

PART B: Household Income

1. Household size:	2. ANNUAL income (Use the information on Page 2 to calculate your annual income if you are unsure.)		
2	<input type="checkbox"/> \$0 - \$20,449	<input type="checkbox"/> \$20,450 – \$29,101	<input type="checkbox"/> \$29,102 or more
3	<input type="checkbox"/> \$0 - \$25,727	<input type="checkbox"/> \$25,728 – \$36,612	<input type="checkbox"/> \$36,613 or more
4	<input type="checkbox"/> \$0 - \$31,005	<input type="checkbox"/> \$31,006– \$44,123	<input type="checkbox"/> \$44,124 or more
5	<input type="checkbox"/> \$0 - \$36,283	<input type="checkbox"/> \$36,284 – \$51,634	<input type="checkbox"/> \$51,635 or more
6	<input type="checkbox"/> \$0 - \$41,561	<input type="checkbox"/> \$41,562 – \$59,145	<input type="checkbox"/> \$59,146 or more
7	<input type="checkbox"/> \$0 - \$46,839	<input type="checkbox"/> \$46,840 – \$66,656	<input type="checkbox"/> \$66,657 or more
8	<input type="checkbox"/> \$0 - \$52,117	<input type="checkbox"/> \$52,118 – \$74,167	<input type="checkbox"/> \$74,168 or more
9 or more	Household Size: _____		Total Annual Income: \$ _____

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PART C: Signature

X

Parent/Guardian Signature

Date

Printed name of Parent/Guardian

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to education records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99).

! Please double check that you've completed this form before returning it to the school:

- Student information is provided in Part A
- An income range is circled in Part B in the same row as the circled household size
- A household size is circled in Part B
- Signature is provided in Part C

