

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

August 1, 2017

Dear Parent or Guardian,

This school year, Detroit Public Schools will provide every DPS student in grades K-12 with breakfast, lunch and snacks at no charge, regardless of income. *Under the federal government's Community Eligibility Provision (CEP) program, meals to support learning and good physical development will be provided free to all DPS students.*

The purpose of this letter is to inform you that, even though the Meal Benefit Applications are no longer required for qualified families, we are requesting that you complete the attached Supplemental Student Services Survey. This will ensure that your child, school and DPS will continue to receive millions of dollars in benefits and resources from the federal and state governments, as well as private grants. 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 application fees
- Field trips, field days and other academic enrichment activities
- Parent involvement and LSCO funding
- Career and Technical Education opportunities

I know that you want every resource available for your child's education. Please review the instructions and complete the attached Supplemental Student Services form and return it to your child's school. If you have any questions, please call (313) 578-7220.

Sincerely

Detroit Public Schools Community District

[Detroit Public Schools Community District](#)

Detroit Public Schools Community District

C/O Office of School Nutrition
 2001 West Warren Ave
 Detroit, MI 48208
 Phone: (313) 578-7220

SUPPLEMENTAL STUDENT SERVICES SURVEY

SCHOOL USE ONLY

Approved for:

1 2

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: _____

INSTRUCTIONS: Complete survey and return to your child's school, mail to the address listed above or fax to (313) 456-6459.

These sections must be completed by the head of household or designee.

1. SIZE OF FAMILY - Indicate the total number of individuals living in your household, including all adults and children _____

2. 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.

3. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children

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)	\$	

4. 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 funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

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		