

EDUCATION BENEFITS FORM SY 2026 - 2027

District: _____ School: _____

Part A: STUDENT INFORMATION - Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level	School	Identify H if Homeless M if Migrant R if Runaway F if Foster

Part B: BENEFITS RECEIVED (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: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined annual income for all people in the household (Include all income before taxes)		
☐ 1 →	☐ At or below \$20,748	☐ Between \$20,749 and \$29,526	☐ At or above \$29,527
☐ 2 →	☐ At or below \$28,132	☐ Between \$28,133 and \$40,034	☐ At or above \$40,035
☐ 3 →	☐ At or below \$35,516	☐ Between \$35,517 and \$50,542	☐ At or above \$50,543
☐ 4 →	☐ At or below \$42,900	☐ Between \$42,901 and \$61,050	☐ At or above \$61,051
☐ 5 →	☐ At or below \$50,284	☐ Between \$50,285 and \$71,558	☐ At or above \$71,559
☐ 6 →	☐ At or below \$57,668	☐ Between \$57,669 and \$82,066	☐ At or above \$82,067
☐ 7 →	☐ At or below \$65,052	☐ Between \$65,053 and \$92,574	☐ At or above \$92,575
☐ 8 →	☐ At or below \$72,436	☐ Between \$72,437 and \$103,082	☐ At or above \$103,083

*** Special Instructions for households with more than 8 people: DO NOT check the boxes above. Instead, fill in items below:**

Household size (# people): _____ Total annual income: _____

Part E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) _____ (Printed Name) _____ (Date) _____

(Address) _____ (City) _____ (Zip) _____

(Email Address) _____ (Home Phone) _____ (Work Phone) _____

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

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: Household Size - Check the box for 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: Annual 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: Household Size – Check the box for 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: Annual Household Income – Moving across the same row as the household size check box, check the box that shows the range of annual income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

Part E: Certification - Sign the form. Print your name, date, and contact information.

Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Education Benefits Form, your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free (or reduced-price meals, if applicable).

Yes! **I DO** want school officials to share information from my Education Benefits Form with:

- ☐ Pay to Participate (Athletics and Clubs).
- ☐ Programs that provide food support (weekend backpacks, holiday meals, etc.).
- ☐ Programs that provide field trip support (reduced rates or scholarships for field trips).
- ☐ Programs that provide school supplies or assist with school fees (filled backpacks and supplies from the requested supply list, testing fees).
- ☐ Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost).

If you check "Yes" to any or all the boxes above, please fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Printed Name: _____ Address: _____

Signature of Parent/Guardian: _____ Date: _____

For more information, you may call Nichole Wright at 734-848-9302 or Amanda Pena at 734-848-9348

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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|--|---|
| 1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or | 2. fax: (833) 256-1665 or (202) 690-7442; or |
| | 3. email: program.intake@usda.gov |

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

**Return this form to: Mason Consolidated Schools, Attn: Business Office
2400 Mason Eagles Drive, Erie, MI 48133**