



Dear HAS Families

We are thrilled to be back serving your child for the 2023/2024 school year! To kick off the new year, we wanted to share some important and exciting updates about our Food and Nutrition Program.

Holly Area Schools will be participating in The Community Eligibility Provision (CEP) Program through the USDA Food and Nutrition Service. CEP is funding **free school meals for all Pre-K to 12th grade** students at HAS for the 2023/2024 school year! This funding allows for one free breakfast and one free lunch per student per day. Extra items such as drinks, extra entrees, and snacks are NOT included in this program but will be available for purchase.

Breakfast is available every school day and will be served before and up to the first bell. Breakfast includes some hot entrees, along with grab and go items, fresh fruit, milk and a variety of other side items.

Lunch is available each full day of school. Each elementary building, Holly Middle School and Holly High School has a unique menu which is available on Nutrislice. Nutrislice delivers all HAS menus through smartphones, email, and the web.

All families are required to complete the attached form. You may complete the digital version, print and return the signed copy to your school next week at your schedule pick up or Meet and Greet events. Only one form is required per family, please ensure that all students, PreK - 12th grade, are listed on the family form.

As always, thank you for your support. If you have any questions, please contact our office and we look forward to serving your students this school year.

Director of Dining Services : Joanne Schebil
Administrative Assistant: Mary Robb
248-328-3033

Website: <https://www.hask12.org/departments/food-services/>

Menu Link: <https://holly.nutrislice.com/menu>

As a part of the CEP program, all families are now required to complete the form. The form collects information needed to ensure the school receives state and federal funding for education programs. Without this information, HAS could lose important state funding for educational programs that our students currently take advantage of. These supplemental grants and programs offer supports and services for our students including but not limited to:

- Instructional staff (ex. Reading Interventionists, Math Tutors, Academic & Behavior Aids)
- Teaching supplies and materials
- Counselors and Social Workers
- School Nurses
- Professional Learning for staff
- Parent and Community engagement supplies and activities.
- Technology

Why is HAS requesting financial information? The Application determines eligibility of a student or household. The total count of eligible students is used to determine the funding amounts that will be made available to the school. That is why we need every family to complete this application.

What do I need to do? Complete the application, print, sign and return to your school office. Additionally, each school will have paper copies available for completion.

How will this information be protected? In keeping with current practices, your information will not be shared.

What else might my student or household be eligible for? Based on the information you have on your School Meals Application, your child may qualify for other programs such as:

- Athletic Participation Fees
- Blessings in a Backpack
- Potential household support for cable or internet fees
- Test Fees (SAT, AP exams, etc...)

GO BRONCHOS!!!

All families are required to complete the attached form. 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 unrelated, 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.

EDUCATION BENEFITS FORM SY 2023 - 2024

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)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$18,954	<input type="checkbox"/> Between \$18,955 and \$26,973	<input type="checkbox"/> At or above \$26,974
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$25,636	<input type="checkbox"/> Between \$25,637 and \$36,482	<input type="checkbox"/> At or above \$36,483
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$32,318	<input type="checkbox"/> Between \$32,319 and \$45,991	<input type="checkbox"/> At or above \$45,992
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$39,000	<input type="checkbox"/> Between \$39,001 and \$55,500	<input type="checkbox"/> At or above \$55,501
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$45,682	<input type="checkbox"/> Between \$45,683 and \$65,009	<input type="checkbox"/> At or above \$65,010
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$52,364	<input type="checkbox"/> Between \$52,365 and \$74,518	<input type="checkbox"/> At or above \$74,519
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$59,046	<input type="checkbox"/> Between \$59,047 and \$84,027	<input type="checkbox"/> At or above \$84,028
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$65,728	<input type="checkbox"/> Between \$65,729 and \$93,536	<input type="checkbox"/> At or above \$93,537

*** 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: _____