



EDUCATION ACHIEVEMENT  
AUTHORITY of Michigan

**Education Achievement Authority of Michigan**  
**Office of the Chancellor**  
**J. Wm. Covington, PhD**

Dear Parent of Guardian,

This school year the Education Achievement Authority of Michigan will provide every EAA of Michigan student in grades K-12 with breakfast, lunch and dinner at no charge, regardless of income.

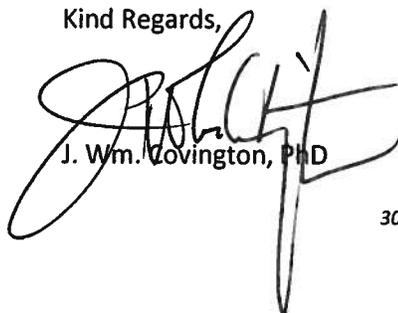
Under the federal government's Community Eligibility Option program, meals to support learning and good physical development will be provided free to all EAA of Michigan students.

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 EAA of Michigan will continue to receive millions of dollars in benefits and resources from the federal and state government, 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 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 schools.

Kind Regards,



J. Wm. Covington, PhD

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## Supplemental Student Services Survey

SCHOOL USE ONLY	
Approved for:	
1 <input type="checkbox"/>	2 <input type="checkbox"/>

<p>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 Number and Medicaid Numbers are NOT ACCEPTABLE case numbers.</p>	
Name: _____	Case Number _____

**INSTRUCTIONS:** Complete survey and return to your child's school or mail to the address listed above.

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 12<sup>th</sup> Grade

1.	Last Name	First Name	Birth Date XX-XX-XXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
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
<b>Total Monthly Household Income (Add lines 1-6)</b>		\$ _____

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.

<p>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.</p>		
<p>Sign here: X _____ Print Name: _____ Date: _____</p>		
<p>Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____</p>		<input type="checkbox"/> I do not have a Social Security Number
Address	City	Zip Code
Home Phone	Work Phone	Email Address

Education Achievement Authority of Michigan

**Student Supplemental Services Survey**

Your child may qualify for tutoring, college entrance testing and other services at free or reduced rates. Please complete the attached Supplemental Services form to see if you qualify. Completion may mean additional benefits for your child, their school and the district.

**Instructions**

Please return the form to your child's school immediately. **Forms submitted after September 30 could result in reduced funding for student support services at your child's school.**

**Student information:** Write the last name and first name of all students living in your household, even those not attending a DPS school, Include each child's birth date and name of the school they attend.

**Write H if a student is Homeless, M if a Migrant, R if a Runaway, of F if a Foster Child.** If you need additional space, attach a second sheet or attach a copy of this survey clearly marked "Page 2."

**Instructions for Households Where any member receives any of the following Benefits:**

- Food Assistance Program (FAP)
- Family Independence Program (FIP)
- Food Distribution Program on Indian Reservations (FDPIR)

**Top Box:** enter name of household member who receives the benefits and the Case Number. Bridge cards numbers and Medicaid numbers are not Case Numbers.

**Size of Family:** Total number of people living in your residence. Include any college student you claim as a dependent on your tax return.

**Total Monthly Household Income:** Skip

**Signature:** An adult household member must sign the form. The last four digits of a Social Security Number are not necessary if a case number is listed.

**Instructions for All Other Households:**

**Top Box:** Skip

**Size of Family:** Total number of people living in your residence.

**Total Month Household Income:** Indicate total monthly income, by type, for all persons in the household excluding Foster Children. Circle **None** if there is no income.

**Signature:** An adult household member must sign and list the last four digits of their Social Security Number or indicate if they do not have one.