



Millennium Community School

Helping children reach for the stars!

Community Eligibility Provision

Dear Parent or Guardian:

We are pleased to inform you that Millennium Community School

will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2018-2019.

What does this mean for you and your children attending the school(s) identified above?

Great news for you and your students! All enrolled students of

Millennium Community School

are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2018-2019 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 a fee or submit an application.

If we can be of any further assistance, please contact us at Mrs. Slappy, Child Nutrition Coordinator at 614-255-5585 or sslappy@2kschool.com.

Sincerely,

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

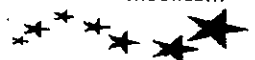
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Revised 02/2014

This institution is an equal opportunity provider.



INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address: Millennium Community School, 3500 Refugee Road, Columbus, Ohio, 43232

The following selections 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 grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

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 Benefit	\$	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 the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school 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 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 contact via email by the district.

For Internal Office Use Only:

Please circle one option.

QUALIFIES

DOES NOT QUALIFY

Millennium Community School
 3500 Refugee Road
 Columbus, Ohio 43232
 614-255-5585

HOUSEHOLD INFORMATION SURVEY

Millennium Community School will participate in the Community Eligibility Option (CEP) provision under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185%
Guidelines to be effective from July 1, 2018 through June 30, 2019

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$430
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional member add	+7,992	+666	+333	+308	+154

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 10-digit Case Number: _____