WEST IRON COUNTY PUBLIC SCHOOLS
601 Nick Baumgartner Way
Iron River, Michigan 49935

KEVIN SCHMUTZLER
Superintendent

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West Iron County Public Schools
8/16/24

Dear Parents and Guardians:
We are excited to announce that breakfast and lunch will be free to all students again this year. It is still very important that every household fill out this form.

Please take a moment to complete the form and return it to your student's school. The Education Benefits Form collects information needed to ensure the school receives state and federal funding for education programs. **Without this information, West Iron County could lose important funding for education programs that our students need.** These supplemental grants and programs have the potential to 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 West Iron County requesting financial information? The Education Benefits Form 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 a school. The more forms returned the better. Again, it is very important that we receive a form back from every household.

How will this information be protected? In keeping with current practices, your information is kept confidential, and the information stays at the school.

Please return this form to the school for a chance to win a gift card.

If you have any questions, please contact Jackie Sunn at 906-265-9218

Sincerely,

Kevin Schmutzler
Superintendent

EDUCATION BENEFITS FORM SY 2024 - 2025

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)

Part C: HOUSEHOLD SIZE	Part D: ANNUAL HOUSEHOLD INCOME		
☐ 1 ⟶	☐ At or below $19,578	☐ Between $19,579 and $27,861	☐ At or above $27,862
☐ 2 ⟶	☐ At or below $26,572	☐ Between $26,573 and $37,814	☐ At or above $37,815
☐ 3 ⟶	☐ At or below $33,566	☐ Between $33,567 and $47,767	☐ At or above $47,768
☐ 4 ⟶	☐ At or below $40,560	☐ Between $40,561 and $57,720	☐ At or above $57,721
☐ 5 ⟶	☐ At or below $47,554	☐ Between $47,555 and $67,673	☐ At or above $67,674
☐ 6 ⟶	☐ At or below $54,548	☐ Between $54,549 and $77,626	☐ At or above $77,627
☐ 7 ⟶	☐ At or below $61,542	☐ Between $61,543 and $87,579	☐ At or above $87,580
☐ 8 ⟶	☐ At or below $68,536	☐ Between $68,537 and $97,532	☐ At or above $97,533

* 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.