



Dear Parent or Guardian:

We are pleased to inform you that College Achieve Paterson Charter 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.

All enrolled students of College Achieve Paterson Charter 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.

This letter is to inform you that your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

You may be asked to complete a Household Information Survey. Your participation is essential in order for us to provide the Department of Education with the information it needs to ensure our school will continue to receive critical state funding.

If you have any questions, please contact us at: (862) 257-1423



**SHARING INFORMATION WITH MEDICAID or NJ FAMILYCARE**

Dear Parent/Guardian:

If your children get school meals at no cost, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Being eligible for free school meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free meals).

No! I DO NOT want my information shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Childs Name: \_\_\_\_\_ School: \_\_\_\_\_

Childs Name: \_\_\_\_\_ School: \_\_\_\_\_

Childs Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

# New Jersey Department of Education

## Household Information Survey 2018-2019



COUNTY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Please complete, sign, and return this form to your child's school.

**Part A. Household Members** - Fill in the information for every person living in your household (adults and children)  
For help determining who should be included in the household, see instructions on the second page.

List all who live in the household: Names ( <i>Last Name, First Name</i> )	Date of Birth XX-XX-XXXX	Name of School the Student Attends (if applicable)	Grade Level	Student Information (mark as applicable)			
				Migrant	Homeless	Foster	In Head Start
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

\* If household size is greater than 8, list additional household members on a separate paper, and follow special instructions in Part C.

**Part B. Benefits Received** (if applicable)

1) If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es):  FDPIR  TANF  SNAP (formerly "food stamps")

2) If you checked a box, write the full name (Last, First) and 10-digit case number of any one person receiving the benefit and skip to Part D.

Name: \_\_\_\_\_ Case #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Part C. Household Size and Gross Income** (before deductions). For help determining your annual income, see page 2 of the survey.

- Households with 8 or fewer people: Check a box below for the Annual Income Range that reflects your total annual household income.
- If Household Size is greater than 8, DO NOT check an income range, but follow the special instructions below boxes 1 through 17.

**Annual Household Income Ranges\***

1. <input type="checkbox"/> \$0 - \$15,782	5. <input type="checkbox"/> \$27,015 - \$30,451	9. <input type="checkbox"/> \$38,444 - \$43,862	13. <input type="checkbox"/> \$54,428 - \$55,094
2. <input type="checkbox"/> \$15,783 - \$21,398	6. <input type="checkbox"/> \$30,452 - \$32,630	10. <input type="checkbox"/> \$43,863 - \$46,435	14. <input type="checkbox"/> \$55,095 - \$62,419
3. <input type="checkbox"/> \$21,399 - \$22,459	7. <input type="checkbox"/> \$32,631 - \$38,246	11. <input type="checkbox"/> \$46,436 - \$49,478	15. <input type="checkbox"/> \$62,420 - \$70,411
4. <input type="checkbox"/> \$22,460 - \$27,014	8. <input type="checkbox"/> \$38,247 - \$38,443	12. <input type="checkbox"/> \$49,479 - \$54,427	16. <input type="checkbox"/> \$70,412 - \$78,403
			17. <input type="checkbox"/> \$78,404+

\* **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 D: 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.

Sign Here:  \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Social Security Number (Optional): XXX-XX-\_\_\_\_ (may be used to verify the accuracy of the information provided)

Address	City	Zip
Home Phone	Work Phone	Email (optional)

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

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_

Reason for ineligibility: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# New Jersey Department of Education

## Household Information Survey

This survey 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.

### Part A: Who should I include in "Household"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children and they pay a share of the expenses), do not include them.

### Part B: What are benefits received?

**TANF:** NJ's Temporary Assistance for Needy Families (WorkFirst NJ)

**SNAP:** Supplemental Nutrition Assistance Program (formerly food stamps)

**FDPIR:** Food Distribution Program on Indian Reservations

### Part C: What is included in "Annual Household Income"?

Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the total amount everyone in your household receives from these sources. Do *not* include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount everyone in your household receives from these sources.
- **All Other Income:** Include for everyone in the household: worker's compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions received from who do not live in your household, and any other income received. Do *not* include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do *not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *only* if it is received on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

- 1) Annualize pay for each source of income based on the above definitions for every household member.
  - a. Use the table below to convert your pay to an Annual Income amount.

Frequency of payment	Annual Income Conversion Amount
Weekly	= 52 x weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 x bi-weekly gross (not take-home) income
Twice per Month	= 24 x gross (not take-home) amount received twice per month
Monthly	= 12 x monthly gross (not take-home) income

- 2) Add together the annualized pay from every person in the household for the total annual household income for Part C.
- 3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Additional information about this survey is available on the Department' [CEP website: www.state.nj.us/education/finance/cep/](http://www.state.nj.us/education/finance/cep/).