



9/1/2020

Dear Parent/Guardian:

As you may know, our school is participating in a new federal program available to select schools as part of the National School Lunch Program called the Community Eligibility Provision (CEP). Our participation means that all students attending Windsor Bergen Academy are eligible to receive breakfast and lunch at no charge throughout the current school year. Therefore, families will not need to complete the federal form, "Application for Free or Reduced Price Meals or Free Milk." However, other educational programs funded by the State of New Jersey require that our school collect similar household information for all students.

In order to collect the information for the State, the New Jersey Department of Education has developed a Household Information Survey. Please take a moment to complete this form and return it to your child's school. 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.

The surveys must be received September 30, 2020. They should be returned as early as possible, and without marks or cross-outs. Additional information and surveys are available using the following link: <http://www.state.nj.us/education/finance/cep/>.

If you need assistance, please contact Nicole Spagnola at 973-247-1375.

Thank you in advance for your cooperation in this important matter.

Sincerely,

School Principal

New Jersey Department of Education

Household Information Survey 2020–2021



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 & 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 (Last Name, First Name)	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)

- If anyone in the household receives FDPIR, TANF, or SNAP, check the appropriate box(es): FDPIR TANF SNAP
- 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–\$16,588	5. <input type="checkbox"/> \$28,237–\$31,894	9. <input type="checkbox"/> \$40,183–\$45,708	13. <input type="checkbox"/> \$56,759–\$57,356
2. <input type="checkbox"/> \$16,589–\$22,412	6. <input type="checkbox"/> \$31,895–\$34,060	10. <input type="checkbox"/> \$45,709–\$48,470	14. <input type="checkbox"/> \$57,357–\$65,046
3. <input type="checkbox"/> \$22,413–\$23,606	7. <input type="checkbox"/> \$34,061–\$39,884	11. <input type="checkbox"/> \$48,471–\$51,532	15. <input type="checkbox"/> \$65,047–\$73,334
4. <input type="checkbox"/> \$23,607–\$28,236	8. <input type="checkbox"/> \$39,885–\$40,182	12. <input type="checkbox"/> \$51,533–\$56,758	16. <input type="checkbox"/> \$73,335–\$81,622
			17. <input type="checkbox"/> \$81,623+

* **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: X _____ 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 × weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 × bi-weekly gross (not take-home) income
Twice per Month	= 24 × gross (not take-home) amount received twice per month
Monthly	= 12 × 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 at: <http://www.nj.gov/education/finance/cep/>.