



Jul 8, 2026

Dear Concord Community Schools Families,

We are pleased to inform you that we will be participating in the National School Lunch & School Breakfast Programs this school year to provide healthy meals to our students! The **GREAT NEWS** is that **ALL** students enrolled at our school can receive a healthy breakfast & lunch at **NO CHARGE** to your household each day through the continuing Michigan School Meals program.

In place of the Free and Reduced-Price Meal Application, **we still need your household to complete an Education Benefits Form**. This report is critical in determining if your family will receive Summer EBT along with the amount of money that our school receives from a variety of State and Federal supplemental programs like Title I A, At-risk (31a), Title II A, E-Rate, etc. These supplemental programs have the potential to offer support and services for our students including, but not limited to:

- Instructional support (staff, supplies & materials, etc.)
- Non-instructional services (counseling, social work, health services, etc.)
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

We are asking that you please complete and submit the Education Benefits Form as soon as possible to ensure that additional funding for our school is available to meet the needs of our students. To submit the form online, please go to <https://concord.familyportal.cloud/> (no need to login!) then click **“Apply for Benefits”** and follow all prompts. **It is easy and takes only 2-3 minutes to complete!** All information on the report submitted is confidential.

Without your assistance in completing and returning the report, our school cannot maximize the use of available State and Federal funds! Thank you in advance for your cooperation and if we can be of any further assistance, please contact us at (517)867-6023.

Sincerely,

Cierra Warner I School Food Service Director
Concord Community Schools
Phone: 517.990.3603 **Email:** cierra.warner@concordschools.net

EDUCATION BENEFITS FORM SY 2026 - 2027

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)		
☐ 1 →	☐ At or below \$20,748	☐ Between \$20,749 and \$29,526	☐ At or above \$29,527
☐ 2 →	☐ At or below \$28,132	☐ Between \$28,133 and \$40,034	☐ At or above \$40,035
☐ 3 →	☐ At or below \$35,516	☐ Between \$35,517 and \$50,542	☐ At or above \$50,543
☐ 4 →	☐ At or below \$42,900	☐ Between \$42,901 and \$61,050	☐ At or above \$61,051
☐ 5 →	☐ At or below \$50,284	☐ Between \$50,285 and \$71,558	☐ At or above \$71,559
☐ 6 →	☐ At or below \$57,668	☐ Between \$57,669 and \$82,066	☐ At or above \$82,067
☐ 7 →	☐ At or below \$65,052	☐ Between \$65,053 and \$92,574	☐ At or above \$92,575
☐ 8 →	☐ At or below \$72,436	☐ Between \$72,437 and \$103,082	☐ At or above \$103,083

*** 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: _____