Alternate Household Income Form for Community Eligibility Provision Schools – complete one application per household 2025-26

The Grand Island Public School District participates in the **Community Eligibility Provision (CEP)** meaning all students will receive meals at **NO COST.** To determine eligibility for other benefits, please complete the **Alternate Household Income Form** below. Eligibility for these additional benefits is determined using the USDA School Nutrition Program income guidelines. Each household is encouraged to complete one form each school year.
For assistance, please contact LeAnn at lmasat@gips.org or 308-385-5900.

Return Completed Application to: Grand Island Public School 123 S Webb Rd Grand Island, NE 68803

Part 1: Children in School

List names of all children in school (**First, Middle Initial, Last**). If all children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.	Grade	Name of School Child Attends	Check all that apply: Foster Child	Homeless, Migrant, Runaway
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑

Part 2: Total Household Gross Income – You must tell us how much and how often.

1. Household Members List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering "0" or leaving the income field blank certifies no income to report. A foster child's **personal** use income must be listed.	2. Gross Income (before taxes) and How Often it was Received					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often

Part 3: Adult Signature and Contact Information – An adult household member must sign the application.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of benefits and school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose benefits associated with this form."

Sign here: Print name: Date:

Street Address (if available): Zip: Daytime Phone:

Part 4: Sharing of Information for Local Programs (ex: Band instruments or scholarships)

The information on this form may be shared with other programs that your child(ren) may qualify for only with your permission. Information will only be shared with the program if you check the box.

☐ **Yes! I DO want school officials to share information from this form with: GIPS Student Fine Arts, Activities and Athletics Department**

☐ **Yes! I DO want school officials to share information from this form with: GIPS Foundation, ACE Scholarship, other scholarships, testing waivers**

☐ **Yes! I DO want school officials to share information from this form with: Health Clinics such as CHI Wellness, Heartland Health Center, others**

Do Not Fill Out the Section Below - For School Use Only

Annual Income Conversion:	Weekly X 52	Every 2 weeks X 26	Twice a month X 24	Monthly X 12

Total Household Size:_____

Total Income:_____per

❑ Approved for Educational Benefits

❑Year ❑Month ❑2 X Mo ❑Every 2 Wks ❑Week

❑ Denied

❑ Incomplete form

Signature of Determining Official:

Date Approved:

Family Form #