

# Detroit Edison Public School Academy

August 25, 2025

**Dear Parents and Guardians:**

**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, Detroit Edison Public School Academy 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 Detroit Edison Public School Academy 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.

**What do I need to do?** Please complete the attached form and return it to your students' classroom teacher.

**How will this information be protected?** In keeping with current practices, Information will be stored and filed by administrative staff only.

**What else might my student or household be eligible for?** Based on the information you provide on your Education Benefits Form, your child may qualify for other programs such as:

- Programs that provide food support
- Programs that provide field trip support
- Programs that provide school supplies or assist with school fees
- Programs that provide holiday support
- Potential household support for cable and internet

You must complete the **Sharing Information with Other Programs form**, included with this document, to grant permission for your eligibility information to be shared.

If you have any questions, please contact Mrs. F. Covington at 313.833.1100 ext.1189.

Sincerely,

# EDUCATION BENEFITS FORM SY 2025 - 2026

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)		
<input type="checkbox"/> 1 →	<input type="checkbox"/> At or below \$20,345	<input type="checkbox"/> Between \$20,346 and \$28,953	<input type="checkbox"/> At or above \$28,954
<input type="checkbox"/> 2 →	<input type="checkbox"/> At or below \$27,495	<input type="checkbox"/> Between \$27,496 and \$39,128	<input type="checkbox"/> At or above \$39,129
<input type="checkbox"/> 3 →	<input type="checkbox"/> At or below \$34,645	<input type="checkbox"/> Between \$34,646 and \$49,303	<input type="checkbox"/> At or above \$49,304
<input type="checkbox"/> 4 →	<input type="checkbox"/> At or below \$41,795	<input type="checkbox"/> Between \$41,796 and \$59,478	<input type="checkbox"/> At or above \$59,479
<input type="checkbox"/> 5 →	<input type="checkbox"/> At or below \$48,945	<input type="checkbox"/> Between \$48,946 and \$69,653	<input type="checkbox"/> At or above \$69,654
<input type="checkbox"/> 6 →	<input type="checkbox"/> At or below \$56,095	<input type="checkbox"/> Between \$56,096 and \$79,828	<input type="checkbox"/> At or above \$79,829
<input type="checkbox"/> 7 →	<input type="checkbox"/> At or below \$63,245	<input type="checkbox"/> Between \$63,246 and \$90,003	<input type="checkbox"/> At or above \$90,004
<input type="checkbox"/> 8 →	<input type="checkbox"/> At or below \$70,395	<input type="checkbox"/> Between \$70,396 and \$100,178	<input type="checkbox"/> At or above \$100,179

**\* 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.