



Richard Hardy Special School District

Director: Cindy Blevins

Date: August 1, 2014

Principal: Beth Webb

Dear Parents and Guardians:

We are pleased to announce that **Richard Hardy Memorial** will be implementing a new option available to select schools in Tennessee that participate in the National School Lunch and School Breakfast Programs. It is called the Community Eligibility Provision (CEP) and will begin in school year 2014-15.

What does CEP mean for my student(s) who attend Richard Hardy Memorial? In a CEP school, all students receive a nutritious breakfast and lunch at no cost, regardless of family income. There will however still be a charge for extra meals or ala carte items purchased. If students wish to purchase an additional meal the cost will be \$1.50 for breakfast and \$3.00 for lunch. Ala carte items can also be purchased; this includes any extra item other than what is initially served with each meal. For example: an extra milk, juice, fruit, cereal, ice cream etc. Ala carte items range from 50 cents to \$1.00 in cost. Students can only get additional meals or additional ala carte items with cash or from their accounts. **There will be no charging for any extra items.** Students may still deposit money into their accounts to allocate for any extra items purchased.

What if my child changes schools? Your child is eligible for free meals at the school where he/she is currently enrolled. If he/she eats meals at or transfer to a non-CEP school during the 2014-15 school year, you may be responsible for meal charges.

Why is Richard Hardy Memorial requesting financial information? The information you provide will help ensure that your child continues to have access to the level of resources he/she currently has at school. It impacts funding that each school receives from the federal and state government, affecting provisions such as ... supplemental instructional material, technology, new teachers or aides, etc. **How will this information be protected?** In keeping with current practices, all information provided is private and confidential as required by state and federal statute. State and federal formulas use only aggregate information for funding calculations.

What do I need to do? Please complete the attached form and return it to **Richard Hardy Memorial**. Your assistance in maintaining current funding levels is greatly appreciated.

If you have any questions, please contact **Susan Layne or Teresa Lakey @ 423-837-7282**



Household Information Survey

(Please provide only one survey per household)

Richard Hardy Special School District

STUDENT NAME(S)	ATTENDING SCHOOL(S)	Do not fill out this section. For School Use Only:
_____	_____	Student ID: _____ <input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	Student ID: _____ <input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	Student ID: _____ <input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	Student ID: _____ <input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	Student ID: _____ <input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	Student ID: _____ <input type="checkbox"/> Y <input type="checkbox"/> N

Please check **TWO** boxes below:

- 1) Column 1 that indicates the number of people in your household; and
- 2) Column 2 that represents your annual income.
- 3) Both check marks must be in the same row.

Household Size	Annual Gross Income:		
<input type="checkbox"/> 1	<input type="checkbox"/> Between \$0 - \$21,590	OR	<input type="checkbox"/> Above \$21,590
<input type="checkbox"/> 2	<input type="checkbox"/> Between \$0 - \$29,101	OR	<input type="checkbox"/> Above \$29,101
<input type="checkbox"/> 3	<input type="checkbox"/> Between \$0 - \$36,612	OR	<input type="checkbox"/> Above \$36,612
<input type="checkbox"/> 4	<input type="checkbox"/> Between \$0 - \$44,123	OR	<input type="checkbox"/> Above \$44,123
<input type="checkbox"/> 5	<input type="checkbox"/> Between \$0 - \$51,634	OR	<input type="checkbox"/> Above \$51,634
<input type="checkbox"/> 6	<input type="checkbox"/> Between \$0 - \$59,145	OR	<input type="checkbox"/> Above \$59,145
<input type="checkbox"/> 7	<input type="checkbox"/> Between \$0 - \$66,656	OR	<input type="checkbox"/> Above \$66,656
<input type="checkbox"/> 8	<input type="checkbox"/> Between \$0 - \$74,167	OR	<input type="checkbox"/> Above \$74,167

SIGNATURE 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 the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.

Sign here: _____ Date: _____