**Community Eligibility Provision**

*(Insert School District Letterhead)*

Dear Parent or Guardian:

We are pleased to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name of school(s)/district)* will be participating in a new option available to schools as part of the National School Lunch and School Breakfast Program called the Community Eligibility Provision (CEP) for the School Year *2017-2018*.

The **GREAT NEWS** is that **ALL** students enrolled at our school are eligible to receive a **healthy breakfast and lunch at school at NO CHARGE** to your household each day of the *2017-2018* school year.

We are asking that you **fill out and sign the Household Information Survey**,which is needed for administrative purposes, not to determine eligibility. This survey allows our school to benefit from various State and Federal supplemental programs like Title I A, At Risk (31a), Title II A, E- Rate, etc. This survey is critical in determining the amount of money the school receives from a variety of supplemental programs. We are asking that you please complete and submit it as soon as possible.

All information on the survey submitted is confidential. Without your assistance, the school cannot maximize utilization of available State and Federal funds.

If we can be of any further assistance, please contact us at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert contact information).*

Sincerely,