

# WHITEHALL DISTRICT SCHOOLS

541 E. SLOCUM ST  
WHITEHALL, MI 49461

P: 231-893-1010  
F: 231-894-6450

## Business Administration

**CJ Van Wieren**  
*Superintendent*  
231-893-1005

**Kirsten Bolles**  
*Administrative Assistant*  
231-893-1005

**Taylor Zweigle**  
*Business Manager*  
231-893-1004

**Kelsey Kempf**  
*Payroll & Benefits*  
231-893-1009

## Board of Education

**Rachel Fekken**  
*President*

**Chris Mahoney**  
*Vice President*

**Jimmy TenBrink**  
*Treasurer*

**Paula Martin**  
*Secretary*

**Shannon McGoran**  
*Trustee*

**Melissa Moore**  
*Trustee*

**Tim Cross**  
*Trustee*

07/01/2025

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, Whitehall District Schools 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 Whitehall District Schools 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 child's school office.

**What else might my students 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**, (attached), to grant permission for your eligibility information to be shared.

If you have any questions, please contact myself at 231-893-1092 or Dara Miller at 231-893-1085.

Sincerely,

Jon D. Habetler  
Food Service Director

# EDUCATION BENEFITS FORM SY 2025 - 2026

District: Whitehall District Schools

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

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **Page 2**.

**PART B: BENEFITS RECEIVED** - 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** - Enter the total number of individuals living in your household, including all adults and children → \_\_\_\_\_

**PART D: TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Move on to PART E.

Type of Income	Income	Circle if None
1. Gross <b>Monthly</b> Earnings: Wages, Salary, Commissions	\$	None
2. <b>Monthly</b> Welfare Payments, Child Support, Alimony	\$	None
3. <b>Monthly</b> Payments from Pensions, Retirement, Social Security	\$	None
4. <b>Monthly</b> Dividends or Interest on Savings	\$	None
5. <b>Monthly</b> Worker's Compensation, Unemployment, Strike Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income</b> (Add lines 1-6)	\$	

**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: Size of Family - Enter 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: Total Monthly 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: Size of Family - Enter 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: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.