Alternate Income Form for Community Eligibility Provision Schools – complete one application per household 2026-27

Leyton Public Schools participates in the Community Eligibility Provision (CEP) and all students will receive meals at no cost. The Family Economic Data Survey (FEDS) form below can be completed for other benefits for which eligibility is determined using the USDA School Nutrition Program income guidelines. These benefits may include fee waivers, scholarships, and preschool tuition. Each household with students enrolled in a CEP school should complete one FEDS form each school year. Please contact Matt McLaughlin, 308-377-2301 (or) matt.mclaughlin@leytonwarriors.org for assistance.

Return Completed Application to: **Leyton Public Schools, PO Box 297. Dalton, NE 69131**

Part 1: Children in School

List names of all children enrolled in school (**First, Middle Initial, Last**) in your household. 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: Assistance Programs – SNAP, TANF or FDPIR Benefits

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR: _____
(Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

Part 3: 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 4: 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:

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

❑Approved for Educational Benefits ❑Denied

Signature of Determining Official: Date Approved: