



EDUCATION BENEFITS FORM



CHIPPEWA VALLEY SCHOOLS

Application Now Open!

THE EDUCATIONAL BENEFITS FORM (EBF) ENABLES SCHOOL DISTRICTS TO SECURE FUNDING FOR PROGRAMS THAT SUPPORT STUDENT SUCCESS WHILE ALSO PROVIDING FAMILIES WITH ACCESS TO ADDITIONAL FINANCIAL RESOURCES.

THE EBF HELPS FUND PROGRAMS & SERVICES FOR OUR STUDENTS SUCH AS:

- INSTRUCTIONAL SUPPORTS (STAFF, SUPPLIES & MATERIALS, ETC.)
- NON-INSTRUCTIONAL SERVICES (COUNSELING, SOCIAL WORK, HEALTH SERVICES, ETC.)
- PROFESSIONAL LEARNING FOR STAFF
- PARENT AND COMMUNITY ENGAGEMENT SUPPLIES AND ACTIVITIES
- TECHNOLOGY
- REDUCED INTERNET, COLLEGE APPLICATION FEES AND AP TESTING FEES
- SUMMER EBT CONSIDERATIONS
- AND MORE!

School Meals Update as of 8/11/25

Due to the uncertainty of federal & state funding, including free meals, it is critical that all families complete the EBF form.

Submitting this form helps ensure your child receives all eligible funding & resources, including potential meal benefits.

Apply for Benefits Here!



SCAN HERE

A paper copy is available on the next page to fill out if preferred. please submit completed forms to school office

EDUCATION BENEFITS FORM SY 2025 - 2026

District: Chippewa Valley 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

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: _____