

## Direct Certification & Program Participation Form – 2026/2027

Dear Parent/Guardian,

Many local school districts (including Eugene 4J and Springfield) have recently transitioned to the federal Community Eligibility Provision (CEP) program, which automatically provides free meals to all students and eliminates traditional family income surveys.

While CCCS does not participate directly in the federal reimbursed school lunch program, we choose to align our practices with our neighboring districts. To simplify things for our families, we have retired our traditional Family Income Survey. Instead, we now determine funding eligibility and free lunch qualification entirely through Direct Certification and state program participation.

CCCS continues to provide school lunch at no charge to any student whose household participates in state assistance programs. Additionally, completing this form ensures our school receives vital state and federal funding for learning assistance programs and teacher incentives.

Please review the programs below. If your family participates in any of them, complete this form and return it to Melodi Jayne, CCCS Business Manager, at the front office or via email at [melodi.jayne@coburgcharter.org](mailto:melodi.jayne@coburgcharter.org).

### Part 1: State Program Participation

*Please check any boxes that apply to your household:*

☐ SNAP (Supplemental Nutrition Assistance Program)

☐ Foster Care Program

☐ Medicaid

### Part 2: Student Information

*Please list all children living in your household who attend CCCS:*

| Student's Last Name | Student's First Name | MI | Date of Birth | Grade |
|---------------------|----------------------|----|---------------|-------|
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### Part 3: Signature and Certification

*I certify (promise) that all information on this application is true and that our program participation is accurately reported. I understand that the school may secure state and federal funds based on the information I provide, and that school officials may verify this information.*

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_