

Household Information Survey

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to **Sam Adams Elementary School**.

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children

PART B. CURRENT BENEFITS - Complete below if applicable

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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. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

| Last Name | First Name | Birth Date XX-XX-XXXX | Identify H- If Homeless M-If Migrant R- if Runaway F-if Foster |
|-----------|------------|--------------------------|----------------------------------------------------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

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

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. Simply sign and date form.

| Type of Income | Income | Circle if No Income |
|-----------------------------------------------------------------|--------|---------------------|
| 1. Gross Monthly Earnings: Wages, Salary, Commissions | \$ | None |
| 2. Monthly Welfare Payments, Child Support, Alimony | \$ | None |
| 3. Monthly Payments from Pensions, Retirement, Social Security | \$ | None |
| 4. Monthly Dividends or Interest on Savings | \$ | None |
| 5. Monthly Worker's Compensation, Unemployment, Strike Benefits | \$ | None |
| 6. Other Monthly Income (SSI, VA, Disability, Farm, other) | \$ | None |
| Total Monthly Household Income (Add lines 1-6) | \$ | |

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX- _____ I do not have a Social Security Number

Address City Zip Code

| | | |
|--------------------------------------------------------------------------------|------------|---------------|
| Home Phone | Work Phone | Email Address |
| By providing your email address you may be contacted via email by the district | | |