INSTRUCTIONS FOR COMPLETING THE
HOUSEHOLD INFORMATION REPORT

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

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: Enter the total number of individuals living in your household, including all children in the box provided.
Part B: List the case number for any household member (including adults) receiving FAP, FIP, or FDPIR benefits
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Skip this part
Part E: 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: List the total number of individuals living in your household, including all children.
Part B: Skip this part.
Part C: List the First and Last name, Birth Date, School that the child is attending, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.
Part D: Enter all gross income for each type of income that applies. If you have no income for any 1 or more of the categories, Circle NONE if no income. Add lines 1-6 and enter the Total Monthly Household Income.
Part E: Sign the form. Print your name and Date.
Household Information Report

To determine eligibility for various additional state and federal program benefits that your school may qualify for, please complete, sign and return this report to _______________________________________.

(School Name)

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

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 | 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 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.

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

PART E. SIGNATURE - I certify (promise) that all information on this report is true and that all income is reported. I understand that the school will get federal/state funds based on the information I give. I understand that school officials may verify (check) the information.

___________________________________________  ____________________________________________________________________________________________
(Signature)  (Printed Name)  (Date)

_______________________________  __________________________________  ______________________________________
(Home Phone)  (Work Phone)  (Email Address)

By providing your email address you may be contacted via email by the district.