## **HOUSEHOLD INFORMATION REPORT SY 2021 - 20 22**

District:		Schoo	:				
	various additional state an return this report to Alpine			ts that your sch	ool may qua	ilify for,	
These sect	tions must be complet	ted by th	e head of ho	ousehold or d	esignee.		
PART A: STUDENT INFO	RMATION - Complete for	each stud	ent Pre-K throu	gh 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	
marked as a <u>Page 2</u> .	nes, attach a second sho						
Independence Program (FI	P), or FDPIR, provide the r Medicaid Numbers are NOT	name and	case number fo	r the person wh			
lame: Case Number:							
children → PART D: TOTAL MONTHL	Y - Enter the total number  LY HOUSEHOLD INCOME  rted a case number above,	- Report	income for all n	nembers of hous	sehold exclu	ıding Foster	
Type of Income				Income Circle		Circle if None	
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)				\$			
	certify (promise) that all in I will get federal/state fund I the information.						
ignature) (Printed Name)				(Date)			
(Address)	(City)	(City)			(Zip)		
(Home Phone)	(Work Phone)			(Email Address)			
	on. This is for school use or	_					
Status: F R	N Determining (	Official's Sig	nature:		Date: _		

## **HOUSHOLD INFORMATION REPORT**

This report is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

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: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

If your household <u>does not</u> receive benefits from the Food assistance program (FAP), family independence program (FIP), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.