

EDUCATION BENEFITS FORM SY 2024-2025

District: _____ 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

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 B: BENEFITS RECEIVED - 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 - Enter the total number of individuals living in your household, including all adults and children ➤

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. Move on to PART E.

Type of Income	Income	Check if None
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	<input type="checkbox"/> None
2. Monthly Welfare Payments, Child Support, Alimony	\$	<input type="checkbox"/> None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	<input type="checkbox"/> None
4. Monthly Dividends or Interest on Savings	\$	<input type="checkbox"/> None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	<input type="checkbox"/> None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	<input type="checkbox"/> None
Total Monthly Household Income (Add lines 1-6)	\$	

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)

(Your typed signature will be considered the same as a wet signature.)

Do NOT fill out this section. This is for school use only.

Status: F ____ R ____ N ____ Determining Official's Signature: _____ Date: _____