

**School District Name**

Address 1

Address 2

City, State Zip

Phone:

Email:

SCHOOL USE ONLY

Approved for:

ID 2D

# Household Information Survey

\_\_\_\_\_ (school name) is participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program.

Under CEO, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your children may qualify for, please complete, sign and return this application to \_\_\_\_\_ (school name).

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDI, 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: \_\_\_\_\_

**INSTRUCTIONS: Complete survey and return to your child's school or mail to the address listed above.**

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

**1. SIZE OF FAMILY • Indicate the total number of individuals living in your household, including all adults and children .**

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

Last Name	First Name	Birth Date MM-DD-YYYY	School	Identify If Homeless If Migrant If Runaway F If Potter
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 \_\_\_\_\_

**3. 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
<b>Total Monthly Household Income (Add lines 1-6)</b>	<b>\$</b>	

**4. 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 the information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X\_

Print Name:

Date:

Last Four (4) Digits of Adult Social Security Number XXX-XX-

Address

I do not have a Social Security Number

Qty

Zip Code

Home Phone

Work Phone

Email Address

8yp>00MIBlyc<>re<fliddt<M.yenBtirb<coatMI<d<tn<nillyfti<dlaila.