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	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)	$	

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)

Do NOT fill out this section. This is for school use only.
Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form 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 DOES NOT 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.