

ATTN: PARENTS/GUARDIANS:

As a result of the Community Eligibility (CEP) for the National School Lunch Program (NSLP) and School Breakfast Program (SBP), **SELECT TISD SCHOOLS ARE NOW ELIGIBLE TO PROVIDE FREE BREAKFAST AND LUNCH FOR ALL STUDENTS ON THEIR CAMPUS.** Participating schools include: Dunbar Early Education Center, Highland Park Elementary, Nash Elementary, Spring Lake Park Elementary, Theron Jones Early Literacy Center, Wake Village Elementary, Westlawn Elementary, Texas Middle School, OPTIONS Academic Alternative High School and Elementary DAEP. **The Household Income Form below must be completed for ALL students attending one of these schools.**

2018-2019 HOUSEHOLD INCOME FORM

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Temporary Assistance for Needy Families (TANF) benefits, provide the name and 8- or 9-digit EDG number for the person who receives the benefits.

Name: _____ 8- or 9-Digit EDG#: _____

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-YY	SCHOOL	IDENTIFY H if Homeless M if Migrant R if Runaway F if Foster
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 Page 2

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 complete this section; proceed to section 4.

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 Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
TOTAL MONTHLY HOUSEHOLD INCOME (ADD LINES 1-6)	\$	

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 all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school 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-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____	Work Phone _____	Email Address _____
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By providing your email address, you may be contact via email by the district.

FOR OFFICE USE ONLY: (Circle One)	QUALIFIES	DOES NOT QUALIFY
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