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| Complete this form to determine eligibility for various program benefits. Complete one Form per household. Please use a blue or black pen (not a pencil). Please return to Scottsbluff Public Schools, 1722 1st Avenue, Scottsbluff, NE 69361, or to your youngest child’s school.  |
| Part 1: Children in School  |
| List names of all children in school (**First, Middle Initial, Last**).If all children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application. | Grade | Name of School Child Attends | Check all that apply: Homeless,Foster Migrant,Child Runaway |
|  |  |  |  ❑ ❑ |
|   |  |  |  ❑ ❑ |
|   |  |  |  ❑ ❑ |
|  |  |  |  ❑ ❑ |
|   |  |  |  ❑ ❑ |
| Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits |
| Enter MASTER CASE NUMBER if household qualifies for SNAP, TANF or FDPIR: (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4 |
|  **Part 3:** Total Household Gross Income – You must tell us how much and how often. |
| 1. **Household Members**

List **everyone** in the household, current income each person earns in **whole dollars** (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s **personal** use income must be listed. | 1. **Gross Income (before taxes) and How Often it was Received**
 |
| Earnings from Work before deductions | Public Assistance, Child Support, Alimony | Pensions, Retirement and All Other Income  |
| Income | How often | Income | How often | Income | How often |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Number of Household Members: | \_\_\_\_\_ |  Last four digits of Social Security Number (SSN) of the |  Check if no SSN ❑ |
| (Children and Adults) |  adult signing this form: XXX – XXX – \_\_ \_\_ \_\_ \_\_ |
| **Part 4: Adult Signature and Contact Information** – **An adult household member must sign the application.** |
| *“I certify (promise) that all information on this Educational Benefits Form is true and that all income is reported.” School officials may verify (check) the information for accuracy.* |
| Sign here: |  | Print name: |  |  Date:  |  |
| Street Address (if available): |  | Zip: |  | Daytime Phone: |  |
| **Part 5: Children’s Ethnic and Racial Identities** – **Optional** |
| **Check one Ethnic Identity:** – **and** – **Check one or more Racial Identities:**  |
| ❑Hispanic or Latino❑Not Hispanic or Latino  | ❑Asian❑White | ❑Black or African American❑American Indian or Alaskan Native | ❑Native Hawaiian or other Pacific Islander |
| **Do Not Fill Out the Section Below - For School Use Only** |
| Annual Income Conversion: | Weekly X 52; | Every 2 weeks X 26; | Twice a month X 24; | Monthly X 12 |
| Total Household Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Total Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per❑Year ❑Month ❑2 X Mo ❑Every 2 Wks ❑Week |