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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 | | |
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| 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 | | | | | | |