ARI A: STUDENT INFO	RMATION – Complete for	each stud	ent Pre-K throu	gn 12th Grade		Identify
Student's Last Name	Student's First Name	Grade Level		School		H if Homeles M if Migrant R if Runaway F if Foster
		_				
	nes, attach a second she	eet to this	s report or att	ach a copy of th	nis report	clearly
arked as a <u>Page 2</u> .						
	<b>EIVED</b> - If any member of					
	IP), or FDPIR, provide the r Medicaid Numbers are NOT			•	receives	benefits.
luge card Numbers and						
			Case Number:			
ART C: HOUSEHOLD SI	<b>ZE</b> - Enter the total numbe					
ART C: HOUSEHOLD SI nildren →	<b>ZE</b> - Enter the total numbe	er of indivi	duals living in y	our household, ir	ncluding a	ll adults and
ART C: HOUSEHOLD SI hildren → ART D: TOTAL MONTHI	<b>ZE</b> - Enter the total numbe	er of indivi	duals living in y	our household, ir	ncluding a	II adults and
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## 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 <u>does not</u> 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.