

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:

STEP 1: 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.

STEP 2: 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.

STEP 3: Household Size - Check the box for the total number of individuals living in your home. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

STEP 4: Annual Household Income – Skip this part

STEP 5: 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:

STEP 1: 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.

STEP 2: Benefits Received – Skip this part

STEP 3: Household Size – Check the box for the total number of individuals living in your home. This should include **all children and adults**, related and un-related, that live in a single dwelling and share income and expenses.

STEP 4: Annual Household Income – **Staying on the same line as the box you checked for the number of people living in your home**, check the box that shows the range of yearly income for all people in your household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income.

The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

STEP 5: Certification - Sign the form. Print your name, date, and contact information.