



EDUCATION BENEFITS FORM 2026-2027 SCHOOL YEAR

Jackson Public Schools

Apply on-line at jacksonps.familyportal.cloud

SAVE TIME -
No password needed.



PART A: STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

Student's Last Name	Student's First Name	Grade Level (Y5 – 12)	School (Circle school student is attending)	Identify H if Homeless M if Migrant R if Runaway F if Foster
			CAS DIB HUNT MONTE LEW NE SPA JHS/PATH MSP/OPT SCMV	
			CAS DIB HUNT MONTE LEW NE SPA JHS/PATH MSP/OPT SCMV	
			CAS DIB HUNT MONTE LEW NE SPA JHS/PATH MSP/OPT SCMV	
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			CAS DIB HUNT MONTE LEW NE SPA JHS/PATH MSP/OPT SCMV	

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as **Page 2**.



PART B: BENEFITS RECEIVED - If any member of your household receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____



PART C: HOUSHOLD SIZE		PART D: ANNUAL HOUSEHOLD INCOME - Select the appropriate range of combined household income on the household size line (Include income before taxes) **Household size larger than 8? See instructions at the bottom of this income table**		
☐ 1	Follow your household size line across. Select the \$ range → → → → → → →	☐ At or below \$20,748	☐ Between \$20,749 and \$29,526	☐ At or above \$29,527
☐ 2		☐ At or below \$28,132	☐ Between \$28,133 and \$40,034	☐ At or above \$40,035
☐ 3		☐ At or below \$35,516	☐ Between \$35,517 and \$50,542	☐ At or above \$50,543
☐ 4		☐ At or below \$42,900	☐ Between \$42,901 and \$61,050	☐ At or above \$61,051
☐ 5		☐ At or below \$50,284	☐ Between \$50,285 and \$71,558	☐ At or above \$71,559
☐ 6		☐ At or below \$57,668	☐ Between \$57,669 and \$82,066	☐ At or above \$82,067
☐ 7		☐ At or below \$65,052	☐ Between \$65,053 and \$92,574	☐ At or above \$92,575
☐ 8		☐ At or below \$72,436	☐ Between \$72,437 and \$103,082	☐ At or above \$103,083

- For Households larger than 8 people: DO NOT fill out the grid above, instead fill in the item below:

Household size (# of people): _____ Total annual income: \$ _____



PART E: CERTIFICATION - The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true, and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) _____ (Printed Name) _____ (Date) _____ (Day time contact phone #) _____

(Address) _____ (City & Zip code) _____ (Email Address) _____

Do NOT fill out this section. This is for school use only.

Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____



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 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

STOP Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, circle your JPS school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

STOP Part B: Benefits Received - If any household member, including adults, receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), 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.

STOP 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.

STOP Part D: Total Monthly Household Income - Skip this part

STOP Part E: Certification - Sign the form. Print your name, date, and contact information.

IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), OR FDPIR PLEASE FOLLOW THESE INSTRUCTIONS:

STOP 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.

STOP 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.

STOP 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.

STOP Part E: Certification - Sign the form. Print your name, date, and contact information.