

EDUCATION BENEFITS FORM SY 2024- 2025

District: WEST BRANCH-ROSE CITY SCHOOL DISTRICT School: OHHS, SMS, SES, AND RCS

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

| Student's Last Name | Student's First Name | Grade Level | School | Identify H if Homeless M if Migrant R if Runaway F if Foster |
|---------------------|----------------------|-------------|--------|--|
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If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a **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: HOUSEHOLD SIZE - Enter the total number of individuals living in your household, including all adults and children →

PART D: TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Move on to PART E.

| Type of Income | Income | Circle if None |
|---|--------|----------------|
| 1. Gross Monthly Earnings: Wages, Salary, Commissions | \$ | None |
| 2. Monthly Welfare Payments, Child Support, Alimony | \$ | None |
| 3. Monthly Payments from Pensions, Retirement, Social Security | \$ | None |
| 4. Monthly Dividends or Interest on Savings | \$ | None |
| 5. Monthly Worker's Compensation, Unemployment, Strike Benefits | \$ | None |
| 6. Other Monthly Income (SSI, VA, Disability, Farm, other) | \$ | None |
| Total Monthly Household Income (Add lines 1-6) | \$ | |

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)

(Address) (City) (Zip)

(Email Address) Home Phone) (Work Phone)

Do NOT fill out this section. This is for school use only.
 Status: F _____ R _____ N _____ Determining Official's Signature: _____ Date: _____