

1. List ALL household members who are infants, children, and students up to and include grade 12.

First Name	Middle Initial	Last Name	Date of Birth (MM/DD/YYYY)	Student ID#	Coastal Plains Student? Y/N	Foster? Y/N	Homeless, Migrant or Runaway? Y/N

- 2. Do any household members (including the student) currently participate in one or more of the following programs: SNAP, TANF, FDPIR? If so, check the appropriate box below.
 - o SNAP
 - o TANF
 - o FDPIR

Case number, if you checked one of the boxes above: _____

If you checked one of these boxes, skip to section 4. If you did not, go to section 3.

3. Report Income for all household members.

• Sometimes children have income. List income for all children here: \$_____ per (circle one): each week, every other week,

each month, twice each month

All adults in household:

First and Last Name	Earnings from Work	How Often (List one: each week, every other week, each month, twice each month	Public Assistance, Child Support, Alimony	How Often (List one: each week, every other week, each month, twice each month	Pay from pension, retirement, all other income	How Often (List one: each week, every other week, each month, twice each month

Total number of household members: _____ Last four digits of primary earner's Social Security Number: _____

 \circ $\;$ Check here if there is no Social Security Number for the primary earner $\;$

4. Adult Signature

Name of adult completing this form		Signature of adult completing this form	Date	Best Contact number
Do not fill out For	School Use Only			

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12 How often? Eligit							Eligibilit	y:	
Total Income	Weekly	Bi-Weekly	1	Monthly	Household Size		Free	Reduced	Denied
	0	0	0	0		Categorical Eligibility	0	\circ	0