



Household Information Form

Dear Parent/Guardian:

Please complete this quick form to help your school possibly benefit from state and federal funds. All information will be kept strictly confidential. If you have any questions, please contact the school district at 478-322-3308.

Section 1: Benefit Information

Does *any* member of your household receive SNAP, TANF, or FDPIR? If yes, provide the information below for the person who receives benefits. If no, please skip to Section 2.

First Name:																			
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Date of Birth:	M	M	D	D	Y	Y
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Last Name:																			
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Case #:														
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Section 2: Student Information

Please complete this section for each Pre-K through 12th grade student who lives in your household. These students may or may not be family members, but are students who live in the same house.

	Last Name	First Name	Birth Date	Student ID (Lunch #)																
1.			M M D D Y Y																	
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				

I certify that all information on this form is true. I understand that school representatives may verify the information.

Signature of Parent/Guardian: _____ Date: _____

Thank you!