

Economically Disadvantaged Questionnaire

PART 1: ALL HOUSEHOLD MEMBERS			
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court)	Check if NO income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2: BENEFITS
<p>If any member of your household receives [State SNAP], [FDPIR] or [State TANF Cash Assistance], provide the name and case number for the person who receives benefits and skip to part 4. (if no one receives these benefits, skip to part 3.)</p> <p>NAME: _____ CASE NUMBER: _____</p>

PART 3: TOTAL HOUSEHOLD GROSS INCOME. YOU MUST TELL US HOW MUCH AND HOW OFTEN.				
1.Name (List only household members with income)	2. Gross income and how often it was received			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly
	\$____/_____	\$____/_____	\$____/_____	\$____/_____
	\$____/_____	\$____/_____	\$____/_____	\$____/_____
	\$____/_____	\$____/_____	\$____/_____	\$____/_____
	\$____/_____	\$____/_____	\$____/_____	\$____/_____
	\$____/_____	\$____/_____	\$____/_____	\$____/_____

PART 4: SIGNATURE AND VERIFICATION
<p>An adult household member must sign the application.</p> <p>I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is required by the Texas Education Agency, and Trivium Academy will get State and Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits, and I may be prosecuted.</p> <p>Sign here: _____ Print name: _____</p> <p>Date: _____</p>

Do not fill out this part. This is for school use only.
<p>Classified Economically Disadvantaged (Code 99): <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Reason: _____</p> <p>Program Coordinator's Signature: _____ Date: _____</p> <p>PEIMS/Data Clerk's Signature: _____ Date: _____</p>