

Please fill out this form for all students enrolled in Jackson Public Schools. You may also fill out this form online at [www.jpsk12.org/Page/88](http://www.jpsk12.org/Page/88). If you need help filling out this form or with your login information, call the Food Service Office at 841-2690.

Jackson Public Schools  
1401 N. Brown St.  
Jackson, MI 49202  
Phone: (517) 841-2690  
Email: [christina.wilson@jpsk12.org](mailto:christina.wilson@jpsk12.org)



# Household Information Survey

## Jackson Public Schools

1 9 - 2 0	SCHOOL USE ONLY:     
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To **determine eligibility for various additional state and federal program benefits** that your child(ren) may qualify for, please complete, sign and return this application to your school office or the Food Service Office, Operations Center, 1401 N. Brown St., Jackson, MI 49202. If you have questions, please contact the Food Service Office at (517) 841-2690.

**1. Case Number** - If **ANY** member of your household receives Food Assistance Program (FAP), Family Independence Program(FIP), or FDIPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers. (All numbers will start with 1).

Name: \_\_\_\_\_ Case Number:          (9 digits)

**INSTRUCTIONS:** Complete survey and return to your child's school or mail to the address listed above.

**These sections must be completed by the head of household or designee.**

**2. SIZE OF FAMILY** - Indicate the **total** number of individuals living in your household, including all adults and children

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**3. STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade **attending Jackson Public Schools**

Last Name	First Name	Birth Date MM/DD/YY	School Attending (Please Circle)	Identify H if Homeless* M if Migrant* R if Runaway* F if Foster
1.			BEN CAS/FRO DIB 4TH HUN NE MONTE SPARK MSP WIL SCMV JHS/PATH	
2.			BEN CAS/FRO DIB 4TH HUN NE MONTE SPARK MSP WIL SCMV JHS/PATH	
3.			BEN CAS/FRO DIB 4TH HUN NE MONTE SPARK MSP WIL SCMV JHS/PATH	
4.			BEN CAS/FRO DIB 4TH HUN NE MONTE SPARK MSP WIL SCMV JHS/PATH	
5.			BEN CAS/FRO DIB 4TH HUN NE MONTE SPARK MSP WIL SCMV JHS/PATH	
6.			BEN CAS/FRO DIB 4TH HUN NE MONTE SPARK MSP WIL SCMV JHS/PATH	

\*Please contact Willye Pigott [willye.pigott@jpsk12.org](mailto:willye.pigott@jpsk12.org) for more information.

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

**4. 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. Simply sign and date form.

Type of Income	Monthly Income	Circle if No Income
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
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

**5. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  I do not have a Social Security Number

Address		City	Zip Code
Home Phone	Work Phone	Email Address	
By providing your email address, you may be contacted via email by the district.			