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# INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD INFORMATION SURVEY 2019-20

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*A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.*

**IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR - PLEASE FOLLOW THESE INSTRUCTIONS:**

- Part 1:** List any member of the household (including adults) receiving FAP, FIP or FDPIR benefits. List the case number in the space provided. This number is 9 digits long.
- Part 2:** Enter the total number of individuals living in your household, including all children in the box provided. Attach an additional sheet if necessary.
- Part 3:** List the LAST name, FIRST name, Birth Date, school the child is attending, and **H** if Homeless, **M** if Migrant, **R** if Runaway or **F** if a Foster Child.
- Part 4:** Skip this part.
- Part 5:** Sign the form. Print your name and the date. Enter the last 4 digits of the Social Security Number (SSN) of the adult person signing the form (or check the box if you do not have a SSN).

**IF YOUR HOUSEHOLD DOES NOT RECEIVE BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDPIR - PLEASE FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: Enter the total number of individuals living in your household, including all children in the box provided. Attach an additional sheet if necessary.
- Part 3: List the LAST name, FIRST name, Birth Date, school the child is attending, and **H** if Homeless, **M** if Migrant, **R** if Runaway or **F** if a Foster Child.
- Part 4: Enter the GROSS INCOME for each type of income that applies. If you have no income for any one or more of the categories, CIRCLE "NONE" for that category(s). Add lines 1-6 and enter the total in "**Total Monthly Household Income**".
- Part 5: Sign the form. Print your name and the date. Enter the last 4 digits of the Social Security Number (SSN) of the adult person signing the form (or check the box if you do not have a SSN).