

APPLICATION FOR EDUCATIONAL BENEFITS
 THIS FORM TO BE USED ONLY IN SCHOOLS THAT SERVE FREE MEALS THROUGH THE CEP PROGRAM
 JANE ADDAMS, VIRGINIA LAKE, LAKE LOUISE, WINSTON CAMPUS JUNIOR HIGH, CONYERS LEARNING ACADEMY

STEP 1 — All Children in CCSD15 Schools living in the Household

Student ID (optional)	First Name	Last Name	School	F	H	M	R
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F = Foster, H = Homeless, R = Runaway, M = Migrant

STEP 2 — Assistance Programs

Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **Circle one:** Yes / No
 If you answered **NO** > Complete STEP 3. If you answered **YES** > Write only one case number, then skip to STEP 4.

Case Number:

STEP 3 — List ALL Household Members and Income (Skip this step if you answered 'Yes' in STEP 2)

List all household members not listed in STEP 1 even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Household Member Name (First and Last)	Gross income and how often it is received: W = Weekly, E = Every 2 weeks, T = Twice per month, M = Monthly					
	Earnings from Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?
<input type="text"/>	<input type="text"/>	W E T M	<input type="text"/>	W E T M	<input type="text"/>	W E T M
<input type="text"/>	<input type="text"/>	W E T M	<input type="text"/>	W E T M	<input type="text"/>	W E T M
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<input type="text"/>	<input type="text"/>	W E T M	<input type="text"/>	W E T M	<input type="text"/>	W E T M

Total Household Members

STEP 4 — Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information.

Printed name of adult completing the form <input type="text"/>	Signature of adult completing the form (required) <input type="text"/>	Today's Date M M D D Y Y <input type="text"/>
Street Address (if available) <input type="text"/>	City <input type="text"/>	State I L <input type="text"/>
Home Phone Number <input type="text"/>	Work Phone Number <input type="text"/>	Email Address (if available) <input type="text"/>

We will notify you in writing of your status (approved or denied).

DO NOT FILL OUT — For School Use Only

Annual Income Conversion: Weekly x52, Every 2 Weeks x26, Twice a Month x24, Monthly x12

Total Income <input type="text"/>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual	Household Size <input type="text"/>	Fee Waiver <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Processed <input type="text"/>
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