

SAMPLE

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## Income Data Collection Form

Refer to the instructions on the back. Complete **ONLY ONE** form for your household, sign your name and **RETURN IT TO THE ROCHESTER CITY SCHOOL DISTRICT, SCHOOL FOOD SERVICE OFFICE BLDG. 5, 835 HUDSON AVENUE, ROCHESTER, NY 14621**. Call (585) 336-4150 or the school if you need help. Additional names may be listed on a separate paper. If any child is homeless, migrant or a runaway, please also contact Elizabeth Reyes at (585) 324-9983.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
<b>Student Name #1</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Student Name #2</b>			<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"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. The CASE # is provided on your benefit letter. Do "NOT" use the 16-digit number on your benefit card. **Skip to Part 4, and sign the form.**

Name: \_\_\_\_\_ CASE #: **Nine Digit Alpha Numeric #2 OR #3 NEED TO BE COMPLETED**

3. Report **ALL** income for **ALL** Household Members (Skip this step if you answered 'yes' to step 2)

**All Household Members (including yourself, additional adults and all children that have income).**

List **ALL** Household members (including yourself and all students in Step 1) **even if they do not receive income**. For each Household Member listed, if they "DO" receive income, report total income for each source in whole dollars only and how often the income amount is received: weekly, every two weeks (bi-weekly), twice per month, monthly, yearly. If they "DO NOT" receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
ALL MEMBERS	\$ <u>XXX.XX</u> / <u>PER MONTH</u>	WEEKLY, BI-WEEKLY, 2 X PER MONTH, MONTHLY, YEARLY			<input type="checkbox"/>
INCLUDING	\$ _____ / _____				<input type="checkbox"/>
STUDENTS	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
LISTED ABOVE	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

☒ ☒

**\*Last Four Digits of Social Security Number: XXX-XX- X X X X**

**OR**

I do not have a SS# ☐

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the form can be approved.

4. Signature: An adult household member must sign this form before it can be approved. I certify (promise) that all the information on this form is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws.

Signature: JOHN / JANE DOE Date: X / X / XX

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White

## DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on form)  
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP / TANF / Foster

☐ Income Household: Total Household Income/How Often: \_\_\_\_\_ / \_\_\_\_\_ Household Size: \_\_\_\_\_

Signature of Reviewing Official \_\_\_\_\_ Date Notice Sent: \_\_\_\_\_