CPS Family Income Information Form 2023–2024

Chicago Public Schools

The purpose of this form is for CPS to obtain information about families' income to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office.

Parents–Please return form to school by **October 30, 2023.**

Schools–Please enter into ODA by **November 20, 2023.**

please print or type:

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
SCHOOL NAME	STUDENT ID	DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME? ☐ YES ☐ NO

PART 1: Household Information– List all members of your household living with you.
Foster Children (legal responsibility of welfare agency or court)

PART 2: SNAP/TANF number of any member of your household *(go to part 6)*

FOSTER CHILD?	CPS STUDENT?	ALL HOUSEHOLD MEMBER NAMES — Last	First	M.I.	DATE OF BIRTH	DHS SNAP OR TANF CASE NUMBER (LAST 9 DIGITS)
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					

PART 3: Homeless, Runaway Child, or child enrolled in Head Start

☐ HOMELESS
☐ RUNAWAY
☐ HEAD START

Homeless, Runaway or Head Start Liaison Signature   Date

PART 4: List Household Members With Income (SKIP THIS *if you answered any of parts 2 or 3*)
Enter the amount of income and how often it is received for each household member.

Frequency: Weekly, Every 2 Weeks, Twice Monthly, Monthly, Annually

OTHER INCOME can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp. and Unemployment.

HOUSEHOLD MEMBER NAMES WITH INCOME — First	Last	M.I.	GROSS INCOME (before deductions)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	OTHER INCOME	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○

PART 5: Opt in for information about other benefits.

☐ **YES!** I am interested in applying for a waiver of instructional fees.

☐ **YES!** I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. *Or call 773-553-5437*

☐ **YES!** This student/these students have a parent who is a veteran or active military member. *Students with a parent who is a veteran or active military may qualify for a fee waiver.*

Signature

PART 6

Signature: I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding and screen CPS students for eligibility for other benefits and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted. I consent to the district sharing eligibility status in order to receive benefits based on eligibility status.

Signature of adult household member

Parent / Guardian First Name

Parent / Guardian Last Name

Address

Zip Code

Date

Must have an original signature; an electronic signature is not acceptable.

RETAIN IN FIIF FOLDER FOR 4 YEARS

PART 7: Children's Racial and Ethnic Identities (*Optional*)

MARK ONE ETHNIC IDENTITY:

☐ Hispanic / Latino

☐ Not Hispanic / Latino

MARK ONE OR MORE RACIAL IDENTITIES:

☐ Asian

☐ White

☐ Black / African American

☐ American Indian / Alaska Native

☐ Native Hawaiian / Other Pacific Islander

Instructions For Completing Family Income Information Form

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students). (Attach another application if necessary.)

Part 2: List the DHS case number (SNAP or TANF) of any household member that corresponds with their name in Part 1. Do not use your Medicare card number.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A HOMELESS, RUNAWAY, OR HEAD START CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students).

Skip to Part 3: Check the appropriate box; obtain date and signature of Homeless, or Runaway Liaison/Coordinator.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

If some children in the household are foster children:

Part 1: List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

Skip to Part 4: Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below.

Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students).

Skip to Part 4: Follow these instructions to report total household income:

Column 1: Name
List the first and last name of each person in your household who receives income, related or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary.).

Columns 2 & 3: Gross Income Amounts and Frequency
The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person receives from these sources. Round to the nearest dollar. All other sources of income should also be noted on this application. Next to each amount fill in the circle that indicates how often the person receives their stated income (weekly, every other week, twice a month, monthly, or annually). If you do not wish to disclose your income, please note "decline to answer" in this section. Be aware that if you are low-income, failure to share household income information could reduce the funds your school may otherwise receive.

Part 5: If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

SCHOOL USE ONLY

Initial Determination: ☐ ELIGIBLE (Free or Reduced)   ☐ INELIGIBLE (Denied, N/A or ?)

CONFIRMATION (*Only for those applications selected for verification*)

_____   _____
Signature of Confirming Official (Required)   **Date**