

CPS Family Income Information Form 2022–2023



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 29, 2022.

Schools-Please enter into ODA by November 18, 2022.

	nt or type:											
SCHOOL NAME												
DOES YOU	JR 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) *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	DH	DHS SNAP OR TANF CASE NUMBER (LAST 9 DIGITS)						TS)
PART 3	3: Homeless	, Migrant, Runaway Child, or child enrolled in He	ad Start									
HOMELESS MIGRANT RUNAWAY												
☐ HEAD START		Homeless, Migrant, Runaway or Head Start Liaison Signature										
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		% ×	H					N _S	Pln.	
	First	Last M.I.	(before deductions)	Weekly Every Inice Wolf	Annual Annual	OTHE	R INCOME	need	Eyerl'	I Wice !	Monthly	Armually
	First	Last M.I.		Wester Fred These Hotel	© Annuali	\$	R INCOME		© Eren	Chice L	_	Annually ©
	First	Last M.I.	(before deductions)	1		\$	RINCOME	need of	_	_	©	
	First	Last M.I.	(before deductions)		0	S S	RINCOME		_	_	0	©
	First	Last M.I.	(before deductions) \$		© ©	\$	RINCOME		© ©	_	© ©	© ©
	First	Last M.I.	(before deductions) \$		0	\$ \$	RINCOME		© ©	© ©	© © © ©	OOO
PART 5		Last M.I. rinformation about other benefits.	(before deductions) \$		© © ©	\$	RINCOME	#red	© © ©	OOO	© © © ©	OOOO
	5: Opt in for		(before deductions) \$		© © ©	\$	RINCOME		© © ©	OOO	© © © ©	OOOO
YES	5: Opt in for	information about other benefits.	(before deductions) \$		© © ©	\$	RINCOME		© © ©	OOO	© © © ©	OOOO
YES and	5: Opt in for S! I am intereste Or the Medica S! This student/	information about other benefits. d in applying for a waiver of instructional fees. d in applying for the Supplemental Nutrition Assistance Progra	(before deductions) \$		© © ©	\$	RINCOME		© © ©	OOO	© © © ©	OOOO
YES and	5: Opt in for St I am intereste for the Medica St This student/dents with a part	information about other benefits. d in applying for a waiver of instructional fees. d in applying for the Supplemental Nutrition Assistance Prograid Program. Or call 773-553-5437 these students have a parent who is a veteran or active military	(before deductions) \$		© © ©	\$	RINCOME	weed of the control o	© © ©	OOO	© © © ©	OOOO
YES and YES Stud	5: Opt in for S! I am interested for the Medica S! This student/dents with a part of the Medica S! This student with a part of the Medica with a par	information about other benefits. d in applying for a waiver of instructional fees. d in applying for the Supplemental Nutrition Assistance Prograid Program. Or call 773-553-5437 these students have a parent who is a veteran or active military	(before deductions) \$	ation gathered from the information a	© © o this fo	\$ S S S S S S S S S S S S S S S S S S S	be used tree; and the		© © © ©			OOOO
YES and YES Stud	5: Opt in for S! I am interested for the Medica S! This student/dents with a part of the Medica S! This student with a part of the Medica with a par	r information about other benefits. d in applying for a waiver of instructional fees. d in applying for the Supplemental Nutrition Assistance Prograt d Program. Or call 773-553-5437 these students have a parent who is a veteran or active military ent who is a veteran or active military may qualify for a fee waive that all above information is true and all income is reported PS students for eligibility for other benefits and that school	(before deductions) \$	ation gathered from the information a	© © o this fo	\$ S S S S S S S S S S S S S S S S S S S	be used tree; and the		© © © ©			OOOO
YES and YES Stud	5: Opt in for S! I am interested for the Medica S! This student/dents with a part of the Medica S! This student with a part of the Medica with a par	information about other benefits. d in applying for a waiver of instructional fees. d in applying for the Supplemental Nutrition Assistance Prograted Program. Or call 773-553-5437 these students have a parent who is a veteran or active military tent who is a veteran or active military may qualify for a fee waive that all above information is true and all income is reported PS students for eligibility for other benefits and that school ay be prosecuted. I consent to the district sharing eligibility	(before deductions) \$	ation gathered from the information a benefits based on the second secon	© © o this fo	s s s s s s s s s s s s s s s s s s s	be used tree; and the	upe ⁸	© © © © o			OOOO



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PART 7: Children's Racial and Ethnic Identities (Optional)										
MARK ONE ETHNIC IDENTITY: MARK ONE OR MORE RACIAL IDENTITIES	3:									
Hispanic / Latino Asian Black / African Am										
Not Hispanic / Latino White American Indian /	Other Pacific Islander Alaska Native									
Instructions For Completing Family Income Information Form										
IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF,	If some children in the household are foster children:									
FOLLOW THESE INSTRUCTIONS:	Part 1: List Students name, date of birth and check the box for "Foster Child" to the left of									
Part 1: List all of the household members and date of birth (for students). (Attach another application if necessary.)	your foster child's name.									
Part 2: List the DHS case number (SNAP or TANF) of any household member that	Skip to Part 4: Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below.									
corresponds with their name in Part 1. Do not use your Medicare card number.	Part 5: If you are interested in sharing application information with All Kids or SNAP									
Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.	agencies, check the box and sign. Part 6: Sign the Form.									
Part 6: Sign the Form.	Part 7: Check the appropriate box to indicate your racial and ethnic identities.									
Part 7: Check the appropriate box to indicate your racial and ethnic identities.										
,	ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:									
IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, RUNAWAY, OR HEAD START CHILD, FOLLOW THESE INSTRUCTIONS:	Part 1: List all of the household members and date of birth (for students).									
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									
Skip to Part 3: Check the appropriate box; obtain date and signature of Homeless,	List the first and last name of each person in your household who receives income, related									
Migrant, or Runaway Liaison/Coordinator.	or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary.).									
Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.	Columns 2 & 3: Gross Income Amounts and Frequency The Gross Income is the amount earned before taxes and other deductions. It should									
Part 7: Check the appropriate box to indicate your racial and ethnic identities.	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									
- al a s s s s s s s s s s s s s s s s s	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,									
IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:	monthly, or annually). If you do not wish to disclose your income, please note "decline to									
If all children in the household are foster children:	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 1: List Students name, date of birth and check the box for "Foster Child" to the	Part 5: If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign.									
left of your foster child's name.	Part 6: Sign the Form.									
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.									
Part 6: Sign the Form.										
SCHOOL USE ONLY										
Initial Determination: ELIGIBLE (Free or Reduced) INELIGIBLE (Determination)	nied, N/A or ?)									
CONFIRMATION (Only for those applications selected for verification)										