



**Citrus County School Board
HOUSEHOLD INFORMATION SURVEY
2023-2024 SY**

Citrus County Schools are participating in the Community Eligibility Provision option under the National School Lunch Program. Under this option, all students in the school will receive breakfast and lunch at no charge regardless of the completion of this form. However, to determine eligibility for various program benefits that your student(s) may qualify for, please complete this form.

DIRECTIONS FOR COMPLETION OF FORM:

The information on both pages below must be completed by the Head of Household or Designee. Please sign your name, fill in the last four digits of your social security number and email the form to TerranoJ@citruschools.org . If you need help completing the information survey, please call Jean Terrano at 352-726-1931, ext. 2402.

PART 1: ALL HOUSEHOLDS COMPLETE PART 1, PART 2 and PART 3			
Print name, school and grade for <u>all</u> children living in the household that you are applying for on the same form.			
7-Digit District Student I.D.	Student Name	School	Grade
Attach another sheet of paper if more space is needed. Check <input type="checkbox"/> if additional sheet is attached.			

- Check if completing this application for a foster child(ren).
- Check if completing this application for a child(ren) receiving SNAP, TANF or Medicaid
- Check if completing this application for a child(ren) who are Migrant, Homeless or Runaway.

PART 2: HOUSEHOLD MEMBERS AND MONTHLY GROSS INCOME					
Write the names of all household members, whether they make an income or not.					
INCOME: Indicate MONTHLY GROSS income. No Income-write zeros (0) in NO Income column.					
Name (List name of everyone in your household)	Gross Earnings (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Other	NO Income
1.	\$	\$	\$	\$	
2.	\$	\$	\$	\$	
3.	\$	\$	\$	\$	
4.	\$	\$	\$	\$	
5.	\$	\$	\$	\$	
6.	\$	\$	\$	\$	
7.	\$	\$	\$	\$	
Attach another sheet of paper if more space is needed. Check <input type="checkbox"/> if additional sheet is attached					

PART 3: ALL HOUSEHOLDS COMPLETE THIS PART	
All surveys must have the signature of an adult household member and the last four digits of their social security number.	
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and that all income is reported. I understand that this information is being given for the determination of eligibility for certain program waivers; information may be verified and that deliberate misrepresentation of the information may cause my students to lose benefits.	
Signature of Adult: _____	Social Security Number (last 4 digits only) _____
Printed Name: _____	Phone Number: _____ <input type="checkbox"/> I do not have a Social Security Number
Mailing Address: _____	City: _____ Zip: _____ Date: _____



SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the Eligibility Status result, based on the information you provided on the attached Household Information Survey, may be shared with other programs for which your children may qualify. For the following programs, we must have your permission to share your information.

- Yes! I **DO** want school officials to share my children's Eligibility with **all** programs. Checking this box, you allow your child access to all programs listed below.
- Yes! I **DO** want school officials to share my children's Eligibility with **selected** programs by checking the boxes below.

Programs

- Extending Learning Opportunity
- FSU Care
- NCAA Clearinghouse Fee Waivers
- ACT Exam Fee Waiver
- SAT Exam Fee Waiver
- Test Fee Waivers
- College Application Fee Waivers
 - ACT
 - College Board
 - Common Application
 - NACAC
 - College Program Waivers