



# Iowa Tribe of Oklahoma

## 3<sup>rd</sup>-6<sup>th</sup> grade Afterschool Program

### Application

335588 E. 750 Road  
Perkins, OK 74059  
Phone: (405)547-2402  
Fax: (405)547-5991

DEADLINES for *Fall semester*: **August 18** and *Spring semester*: **December 15**

#### **\*\*\* NOTICE TO ALL APPLICANTS: \*\*\***

1. This application is for youth 3<sup>rd</sup> – 6<sup>th</sup> grades that reside within the ITO service district.
2. Must submit a NEW application each year by or before required deadline(s), second semester required document checklist must be submitted to the ITO by Spring semester deadline.
3. No application will be considered complete until all documents have been received by the ITO Early Childhood Department.
4. Please be sure all requested documents are submitted by the designated deadline dates.
5. The Afterschool Program will follow the Perkins-Tryon school closures.
6. The hours of operation for the afterschool program are M-F 4:00-5:00.

#### **AFTERSCHOOL PROGRAM**

##### ***Eligibility Guidelines:***

- Must be a student residing within the service district of the Iowa Tribe of Oklahoma.
- Must submit a tribal enrollment card or CDIB if claiming application priority status.
- Must submit an application by or before required deadline(s).
- Must have successfully completed the second grade by the previous academic school year and not have completed the sixth grade.

#### **PROGRAM PRIORITY SYSTEM**

The following priority system shall be in effect as the guidelines for student acceptance to the ITO 3<sup>rd</sup> – 6<sup>th</sup> Grade Afterschool Program:

- *First Priority:* Iowa Tribal Member Students.
- *Second Priority:* All other Native American Students.
- *Third Priority:* All other Students residing within the ITO service district.

**CHECKLIST OF REQUIRED DOCUMENTS FOR FIRST SEMESTER NEW APPLICANTS:**

- \_\_\_\_\_ Completed current application for the upcoming school year.
- \_\_\_\_\_ Iowa Tribe of Oklahoma Tribal Membership Card or other Tribal Membership Card
- \_\_\_\_\_ Medical Release and Release of Liability
- \_\_\_\_\_ Photograph and Media Consent
- \_\_\_\_\_ Transportation Liability Release
- \_\_\_\_\_ Copy of Official Transcript, latest report card, or progress report
- \_\_\_\_\_ ITO Request for Release of Student Records
- \_\_\_\_\_ Relevant Medical Information
- \_\_\_\_\_ Bullying/Harassment/Fighting Policy
- \_\_\_\_\_ CACFP Form
- \_\_\_\_\_ DHS Child Information Form
- \_\_\_\_\_ ITO Emergency Notification Form

**CHECKLIST OF REQUIRED DOCUMENTS FOR SECOND SEMESTER OR RETURNING/  
CONTINUING STUDENT DEADLINE:**

- \_\_\_\_\_ A current Afterschool Program Application must be on file.
- \_\_\_\_\_ A current official transcript, latest report, or progress report.
- \_\_\_\_\_ A statement of all current contact information for the Applicant and Parents/Guardian (including physical address, email, and phone).
- \_\_\_\_\_ Updated Medical Information

# 3rd-6th grade Afterschool Program Application



Please submit completed applications to:

ITO Early Childhood  
Department  
335588 E. 750 Road  
Perkins, OK 74059

**FALL DEADLINE: August 18<sup>th</sup> SPRING DEADLINE: December 15**

Please complete application in blue/black ink. All information requested is necessary to determine eligibility. *Applications must be turned in by the deadline date.*

<b>STUDENT NAME: (Please Print)</b>			/ /	/ /
Last	First	Middle	Birth Date	Social Security #
<b>Address:</b>				
Street	City		State	Zip
<b>Phone #:</b>	<b>Message #:</b>	<b>E-mail Address:</b>		
<b>Allergies/Relevant Medical Information:</b>				
<b>Adults Authorized to pick up student:</b>				
<b>PARENT/ LEGAL GUARDIAN NAME: (Please Print)</b>				
Last	First	Middle		
School Name	Address	City	State	Zip
<b>Iowa Tribal Member: (circle one) YES or NO</b>				
<b>Other Tribal Member/CDIB: (Please list Tribe):</b>				
<b>Year in School:</b>				
<b>Homeroom Teacher:</b>				
<b>APPLICATION REQUEST:</b>		<b>FALL 20</b>	<b>SPRING 20</b>	
<b>Do you have any Special Needs that would require special services? YES or NO</b>				
If Yes, please explain:				
I acknowledge that any information submitted is confidential, and that all information I have submitted is true and correct to the best of my knowledge. <b><u>I consent to the release of information to necessary agencies in order to complete my enrollment packet.</u></b>				
**I agree to provide a copy of my GRADES, TRANSCRIPT, and/or PROGRESS REPORT to The Iowa Tribe's Early Childhood Department at the end of each academic semester for program compliance. I further assure that I will notify the Early Childhood Department <u>before</u> withdrawing my child from their designated school.				
<b>PARENT/LEGAL GUARDIAN SIGNATURE:</b> _____				<b>DATE:</b> _____



# ITO REQUEST FOR RELEASE OF STUDENT RECORDS

335588 E. 750 Rd. Perkins, Oklahoma 74059 Phone (405) 547-2402 Fax (405) 547- 5991

\*\*\*NOTE: A FAX is acceptable for deadlines; however, the *Original MUST* be mailed to this office.

Under Federal legislation, namely the "Family Educational Rights and Privacy Act of 1974" (FERPA), I understand that generally my educational records cannot be released without my written permission. **This form will serve as your authorization to disclose your student record information to a third party.** A records release is limited to a catalog year, which begins before fall semester and ends after spring semester. This request form is intended as a one-time-only use of records you want released by the school (but your authorization may span over an entire school year).

## Part I – Student information to be completed by Parent/Legal Guardian

STUDENT NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_ E-Mail: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ MESSAGE: \_\_\_\_\_

APPLICATION REQUEST: Fall 2017 \_\_\_\_\_ Spring 2018 \_\_\_\_\_

GRADE IN SCHOOL: \_\_\_\_\_

HOMEROOM TEACHER: \_\_\_\_\_

\*\*\*I hereby authorize my child's school to release the following information to the ITO Afterschool Program eligibility determination.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part II – To be completed by School

Course Schedule and Academic Grades received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Good Standing: YES \_\_\_\_\_ NO \_\_\_\_\_ if no please explain:

Behavior Good Standing: YES \_\_\_\_\_ NO \_\_\_\_\_ if no please explain:

Attendance Good Standing: YES \_\_\_\_\_ NO \_\_\_\_\_ if no please explain:

### **SCHOOL'S ACADEMIC OFFICER:**

### **SCHOOL ADDRESS:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

*\*Refusal to provide such information or documentation may be cause for program eligibility denial.*



Iowa Tribe of Oklahoma  
Early Childhood Department  
335588 E 750 Rd  
Perkins, OK 74059  
Phone: 405-547-2402 Fax: 405-547-5991

### Release of Liability

I give, \_\_\_\_\_, permission to participate in the ITO After School Program. I will not hold the Iowa Tribe of Oklahoma, any affiliated individual(s) and/or department(s) associated with the After School Program liable for any accidents, injuries, or incidents related to this program. I am aware of the activities that my minor child will participate in. I provided all necessary information for the individual listed above in case of an emergency.

Parent/Guardian Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical Release

If emergency medical care is necessary, I authorize the ITO After School Program staff to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

*Copy of Insurance Card Provided*



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Phone: 405-547-2402 Fax: 405-547-5991

### **Transportation Liability Release**

Minor Name: \_\_\_\_\_ will travel in a vehicle owned/operated by the Iowa Tribe of Oklahoma for official program business or in case of emergency.

I understand and agree that the Iowa Tribe of Oklahoma, employees, agents, and/ or volunteers cannot be held liable for accident or injuries related to this transportation. This release of liability will be in effect for one year from date indicated below or its withdrawal in writing from signatory.

Minor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Print Sign



Iowa Tribe of Oklahoma  
Early Childhood Department  
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Phone: 405-547-2402 Fax: 405-547-5991

### **Bullying/Harassment/Fighting Policy**

Bullying/harassment/fighting has no place at the ITO After School Program.

Bullying/harassment/ fighting means more than beating up or pushing people around. Violation of this policy includes, but is not limited to:

- Physical assaults (touching in angry ways)
- Threats (“Better watch your back”, “I’m gonna hurt you”, “We’re gonna get you”, etc.)
- Harassment (always bothering someone)
- Name-calling
- Racial slurs
- Intimidation
- Sexual harassment – physical or verbal
- Spreading rumors
- Extortion
- Foul language
- Taunting
- Making insulting remarks about another student’s family members
- Using the internet to harass, threaten, verbally abuse, intimidate, or spread rumors

Violation of the intent of this policy by a participant of the ITO After School Program will not be tolerated. Review of the policy serves as your WARNING.

- If you are found to be in violation of this policy, you will be suspended for 2 days and possibly dismissal from the program.
- On the second offense, you will be suspended for the remainder of the year’s program.

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Student’s Signature

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Date

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Parent/Guardian Signature

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Date



Iowa Tribe of Oklahoma  
Early Childhood Department  
335588 E 750 Rd  
Perkins, OK 74059  
Phone: 405-547-2402 Fax: 405-547-5991

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in the After School Program with the Iowa Tribe of Oklahoma. Tah-Je Do-Weh Che offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursement for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

**1. Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children

enrolled in child care in your household **ONLY** if the children in child care are enrolled in the same center. We cannot approve an FSIA

that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to:**

***Early Childhood Department***

***335588 E 750 Rd.***

***Perkins, OK 74059***

***405-547-5826***

***405-547-5991 fax***

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women Infants and Children (WIC) **MAY** be eligible for free meals.

**3. Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Children in households participating in WIC **MAY** be eligible for reduced-price meals.

**4. May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. Your or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must include foster children who live with you.



**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact

*Early Childhood Department*

*335588 E 750 Rd.*

*Perkins, OK 74059*

*405-547-5826*

*405-547-5991 fax*

**9. We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider and employer.

If you have other questions or need help, call **405-547-5826**.

Sincerely,

*Kara Flaming*

Community Health Coordinator

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
FAMILY-SIZE AND INCOME APPLICATION**

**PART 1. ALL HOUSEHOLD MEMBERS**

a. Name(s) of Enrolled Child(ren)

b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*	Check if NO Income
			*If all children indicated below are foster children, skip to Part 5 to sign this form.	
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR* benefits, provide the name and case number for the *ONE* person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)**

Homeless     Migrant     Runaway

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

*I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of social security number: \*\*\* - \*\* - \_\_\_\_\_  I do not have a social security number.

**Part 6: Participant's Ethnic and Racial Identities (Optional)**

Mark one ethnic identity:  
 Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:  
 Asian  
 White  
 American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander

Black or African American

**PART 7: OTHER BENEFITS:** You do not have to complete this part to participate in the CACFP.

**Health Insurance**  Yes, I want health insurance for my children. Insitution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.  
 No, I **DO NOT** want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Year
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,647
Each additional person:	7,696

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPPIR) case number or other FDPPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if the participant is eligible for free or reduced-price meals and for administration and enforcement of the Programs.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at <[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your complete form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.D. 20250-9410; (2) Fax: 202-690-7442; or E-Mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: Week \_\_\_\_\_ Every 2 Weeks \_\_\_\_\_ Twice a Month \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Household Size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION (FSIA)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled children.  
b. List all household members; including the enrolled children. For each enrolled child, include his/her age and birth date.
- Part 2:** List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

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

- **If ALL children you are applying for are foster children or if you are only applying for benefits for the foster child:**

- Part 1:** a. List all enrolled foster children.  
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

- **If some of the children in the household are foster children:**

- Part 1:** a. List all enrolled foster children.  
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the *No Income* box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school, homeless liaison, or migrant coordinator*) \_\_\_\_\_. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
  - **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.  
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.  
In Box 2, list the amount each person got for the month from welfare, child support, alimony.  
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran's benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

**Part 5:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

**Part 6:** Answer this question if you choose.

**Part 7: OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** a. List all enrolled children.

b. List all household members; for the enrolled children, list ages and birth dates. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the **No Income** box.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

- **Column A—Name:** List only the first and last name of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.

In Box 1, list the **gross income**, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

In Box 2, list the amount each person got for the month from welfare, child support, alimony.

In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

**Part 5:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

**Part 6:** Answer this question if you choose.

**Part 7: OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

**PRIVACY ACT STATEMENT:** This explains how we will use the information you give us.

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.