

A. Russell Hughes
Superintendent of Schools



145 South Park Street
DeFuniak Springs, FL 32435
(850) 892-1100
Fax (850) 892-1195
www.walton.k12.fl.us

Family Name: _____

Address: _____

City, State, Zip: _____

Household Income – Education Benefits Form

This form is used to determine eligibility for additional State and Federal program benefits for which your child(ren) may qualify. All information provided is confidential. Only statistical data will be used, and no personal information will be given out. Please complete only one form per household, sign, and return to Jaime Mitchell at the address above. If you have any questions, please call (850) 892-1100, extension 1514.

1. List all People living in the household. Additional names may be listed on separate paper.

Names of <u>all</u> Household Members	School the Child Attends – Please Indicate Virtual School	Grade Level

2. SNAP/TANF/FDPIR/Medicaid Benefits:

If anyone in your household receives either SNAP, TANF, FDPIR, or Medicaid Benefits, please circle the benefit, list their name and case number, and then skip to #4, signature of application.

Please circle benefit: SNAP TANF FDPIR Medicaid

Name: _____ Case Number: _____

“Preparing the Whole Child for a Life of Success”

Gail Smith
District 1

Kim Kirby
District 2

Bill Eddins, Jr.
District 3

Marsha Winegarner
District 4

Jason Catalano
District 5

3. Household Gross Income:

<u>Household Size</u>	<u>Yearly Income</u>	<u>Monthly Income</u>	<u>Weekly Income</u>

4. Signature – An adult household member must sign.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information given. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Signature: _____ Print Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Cell Number: _____ Date: _____

*****DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY*****	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12	
Total Income: _____	Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____
Determining Official's Signature: _____	Date: _____
Confirming Official's Signature: _____	Date: _____

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