



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 all 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 ☐ 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 ☐ 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: _____ ☐ 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