2014 - 2015 Oakland Unified School District - School Funding Form

READ INSTRUCTIONS. USE BLACK INK. PRINT NEATLY WITHIN BOXES. PLEASE USE CAPITAL LETTERS. COMPLETE ONE FORM PER HOUSEHOLD.

1 **Food Stamp (FS), CalWORKs, Kin- GAP, or FDPIR Benefits** If you now receive FS, CalWORKs, Kin-GAP, or FDPIR benefits, list a current CASE number.

2 **Homeless, Migrant, Runaway:** If the child you are applying for is homeless (H), migrant (M), or a runaway (R) place an X in the appropriate box. H M R

3 **STUDENT INFORMATION - Print the name and school of EACH ENROLLED child.**

Student ID#	Student's Birth Date (Optional)	Student's Last Name	Student's First Name	If a foster child, put X in this box.	School Name
	M M D D Y Y				
	M M D D Y Y				
	M M D D Y Y				
	M M D D Y Y				
	M M D D Y Y				
	M M D D Y Y				

4 **ALL OTHER HOUSEHOLD MEMBERS: DO NOT INCLUDE THE STUDENTS LISTED ABOVE.**
Report all current monthly income received last month before taxes and deductions.

List Last & First Names of everyone living in your house; Be sure to include non-school age children. **DO NOT INCLUDE THE STUDENT(S) LISTED ABOVE.**	If NO INCOME put X in this box.	Gross earnings before deductions; Include all jobs. **MONTHLY**
LAST NAME, FIRST		$ $ $ $. ¢ ¢
LAST NAME, FIRST		$ $ $ $. ¢ ¢
LAST NAME, FIRST		$ $ $ $. ¢ ¢
LAST NAME, FIRST		$ $ $ $. ¢ ¢
LAST NAME, FIRST		$ $ $ $. ¢ ¢
LAST NAME, FIRST		$ $ $ $. ¢ ¢

5 **ENTER THE TOTAL HOUSEHOLD MEMBERS**
The number you enter must equal the number of names from Part 3 and Part 4.

SIGNATURE: The household adult who completed this application must sign.

6 X SIGNATURE REQUIRED

CERTIFICATION: I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of State funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PRINT your name in the boxes below

FIRST NAME

LAST NAME

M M D D Y Y
DATE SIGNED

0000