



Mid-Michigan Leadership Academy

Return to School By
9/15/2015

HOUSEHOLD INFORMATION SURVEY

To determine eligibility for various additional State and Federal program benefits that your child(ren) may qualify for, please complete, sign, and return this application to Mid-Michigan Leadership Academy.

These sections **must** be completed by the head of household or designee.

Part A: SIZE OF FAMILY – The total number of individuals living in your household (include all adults & children): _____

Part B: CURRENT BENEFITS – Complete below if applicable

If any member of your household receives Food Service Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Number and Medicare Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case #: _____

Part C: STUDENT INFORMATION – Complete for each student K-12. If one of the following is true use letters to indicate in the last column: H= Homeless, M=Migrant, R=Runaway, or F=Foster.

Student's Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify if H,M,R,S
		- -		
		- -		
		- -		
		- -		
		- -		

If you need additional lines, attach a second sheet to this survey clearly marked as Page 2.

Part D: TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. *Note: If you have reported a case number above you do not need to complete this section; please skip to Part E.*

Type of Income	Income	Check if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on Savings	\$	<input type="checkbox"/>
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$	<input type="checkbox"/>
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	<input type="checkbox"/>
Total Monthly Household Income (Add Lines 1-6)	\$	

Part E: SIGNATURE – If income section is completed, the adult signing the form must also list the last four (4) digits of his or her social Security Number or check the "I do not have a Social Security Number" box below.

Last Four (4) Digits of Adult's Social Security Number: _____ or I do not have a social security number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get Federal and/or State funds based on the information I give. I understand that sponsor officials may verify (check) information.

Signature: _____ Print Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ Email: _____
Secondary Phone: _____
By providing your email address you may be contacted via email by the district

730 West Maple St., Lansing, MI 48906, U.S.A.
Tel: (+1) 517 485 5379 Fax: (+1) 517 485 5892
E-mail: mmla@sabis.net Website: mmla.sabis.net

Member of the **SABIS**® Network

Last Updated: 8/18/2015 4:36 PM