

Denver City ISD
 501 Mustang Dr.
 Denver City, TX 79323
 806-592-5985

2024-2025 HOUSEHOLD INFORMATION SURVEY

Denver City ISD is participating in the Community Eligibility Provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to your student's building if your income falls within or below the guidelines listed in the following chart.

Effective July 1, 2024 – June 30, 2025

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional family member add:					
	\$9,995	\$830	\$415	\$383	\$192

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or TANF (Temporary Assistance for Needy Families) benefits, provide the name and valid SNAP or TANF Eligibility number for the person who receives the benefits, and then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ Valid SNAP or TANF # : _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the address listed above.

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These selections must be completed by the Head of Household or Designee

- 1. SIZE OF HOUSEHOLD** - Indicate the total number of individuals living in your household, including all adults and children: _____
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through 12th grade

Last Name	First Name	Birth Date MM-DD-YY	School
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 3

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a SNAP or TANF number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

- 4. 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.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the 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.

Sign Here: X _____ Print Name: _____ Date _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX- _____ ☐ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address
		<small>By providing your email address, you may be contact via email by the district</small>

For Office Use Only:

Circle One

Date Received:

Reviewed by:

QUALIFIES

DOES NOT QUALIFY