Federal Program Benefits Form 2018-2019

Student’s Name: ________________________________

Commodore ID: 000 ________________ OR Last Four Digits of SSN: XXX-XX-__________

Please indicate if at any time during 2016, the parent(s) received the federal benefit for anyone in the parent(s)’ household

☐ Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program)

☐ Supplemental SSI / Medicaid

☐ Temporary Assistance for Needy Families (TANF)

☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The parent’s household includes:

• The student

• The parents, including a stepparent

• The parents’ other children if the parent will provide more than half of their support from July 1, 2017 through June 30, 2018, even if the children do not live with the parent

• Other people if they now live with the parent and the parent provides more than half of their support and will continue to provide more than half of their support through June 30, 2018.

____________________________________  ______________________________________
Student Signature/Date                  Parent Signature/Date