

▶ SECTION BELOW MUST BE COMPLETED ONLY BY FAMILIES WHO ARE REQUESTING FINANCIAL ASSISTANCE

Number of children living at home: _____

Are you a single parent family? YES _____ NO _____

Parent/Guardian # 1 monthly gross income – from all sources (before taxes): _____

Parent/Guardian # 2 monthly gross income – from all sources (before taxes): _____

Are you or any member in your family receiving:

TANF/Cal WORKs Cal Fresh/Food Stamps Medi-CAL Healthy Families SSI
 Unemployment Child Support WIC

Is your family homeless? YES _____ NO _____

Is your child under the care of Child Protective Services? YES _____ NO _____

Do you have any other children enrolled in any state-subsidized program with SMMUSD?

NO _____ YES _____ → Child's Name: _____ School: _____

Please list below all siblings in the household (other than those requesting preschool or childcare):

Child's Name:	Date of Birth / /	Sex F M	School /Grade:
Child's Name:	Date of Birth / /	Sex F / M	School /Grade:
Child's Name:	Date of Birth / /	Sex F M	School /Grade:

Comments:

Parent/Guardian's Signature _____

Date: _____

OFFICE USE ONLY: ELIGIBILITY # _____