

**Detroit Public Schools**

Office of Emergency Manager  
 14th Floor, Fisher Building  
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 Detroit, MI 48202  
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# SUPPLEMENTAL STUDENT SERVICES SURVEY

SCHOOL USE ONLY Approved for:  1 <input type="checkbox"/> 2 <input type="checkbox"/>
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If any member of your household receives Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.	
Name: _____	Case Number: _____

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

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

- 1. SIZE OF FAMILY** - 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 XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
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 a Page 2.

**3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children

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 Benefits	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	<b>\$</b>	

**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 that the sponsor will get federal funds based on the information I give. I understand that sponsor 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-_____ <input type="checkbox"/> I do not have a Social Security Number		
Address	City	Zip Code
Home Phone	Work Phone	Email Address