

Student Identification Information

First Name Middle Name Last Name Generation

Date Of Birth

Gender Male ☐ Female ☐

Age

Address Street City State Zip Code

Phone Number

Email

Please select one choice for Ethnicity AND select one or more for Race

Ethnicity Hispanic/Latino ☐ Not Hispanic/Latino ☐

Race American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐
 Native Hawaiian or Other Pacific Islander ☐ White ☐

Enrollment Information

Date of Student Enrollment

Grade Level

Student's Home District/Campus based on Parents address

List educational facilities during the past three years where the student has attended academic classes including summer programs, night school, juvenile justice programs, treatment facilities etc. High School Enrollees - list all schools where credit toward graduation may have been awarded.

Last Campus/District Attended

Grade Level Attended

Has student ever been retained?

Grade Retained

Yes ☐ No ☐

Previous School Attended Name Address

Date Attended

Previous School Attended Name Address

Date Attended

Please answer the following questions

Is student a military dependent? Yes ☐ No ☐

What was the first year the student enrolled in grade 9?

Does student have a food allergy? Yes ☐ No ☐

If yes, please explain

Has student received Special Education services? Yes ☐ No ☐

If yes, when and where:

Has student received ESL services? Yes ☐ No ☐

If yes, when and where:

Has student received 504 services? Yes ☐ No ☐

If yes, when and where:

Has student received dyslexia services? Yes ☐ No ☐

If yes, when and where:

Has student been suspended or assigned to alternative school ? Yes ☐ No ☐

If yes, when and where:

Contact Information

CPS Student

JPD Student

TYC Student

Primary Contact 1 Name

Relationship

Primary Phone

Alternate Phone

Email

Employer

Address Street City State Zip Code

Primary Contact 2 Name

Relationship

Primary Phone

Alternate Phone

Email

Employer

Address Street City State Zip Code

Emergency Contact (if Primary cannot be reached)

Name

Relationship

Release To Yes ☐ No ☐

Phone

Name

Relationship

Release To Yes ☐ No ☐

Phone

Parent /Guardian/Caseworker Signature

Date _____

For Campus Use Only

Original Enrollment Date:

Student Local ID:

Classroom:

Withdraw Date:

Re-enrollment Date:

Enrolled By:

Withdraw Date:

Re-enrollment Date:

Withdraw Date:

Exhibit 1A

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Date

Student/Staff Identification Number

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

☐

Hispanic / Latino

☐

Not Hispanic/Latino

Race – choose one or more:

☐

American Indian or Alaska Native

☐

Asian

☐

Black or African American

☐

Native Hawaiian or Other Pacific Islander

☐

White

Observer signature:

Campus and Date:

Texas Education Agency – March 2010

Exhibit 1B

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- ☐ **Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- ☐ **No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- ☐ **Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- ☐ **Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- ☐ **Negro o África-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- ☐ **Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- ☐ **Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal

Número de Identificación del
Estudiante/Miembro del personal

Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- ☐ Hispanic / Latino
☐ Not Hispanic/Latino

Race – choose one or more:

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Observer signature:

Campus and Date:

Agencia de Educación de Texas – Marzo 2009

Ki Charter
12550 W State Hwy 29
Liberty Hill, TX 78642
(512) 528-2100

Consent for Disclosure of Confidential Information

Student Name	Id#	Date of Birth
Medicaid#	Date of Request	<input type="checkbox"/> Request Information
		<input type="checkbox"/> Release Information

Please complete this form to authorize the person /agency named below to release/request specified records containing confidential information regarding the above-named student.

Name of Requesting Agency Ki Charter	Address 12550 State Hwy 29, Liberty Hill, TX 78642	Phone (512) 528-2100
Attention jennifer.hebert@kicharter.org	Position Registrar	Fax (817) 719-9832

Request for Information sent to:

Agency to fulfill request

Contact Name/Email

Address

Phone

Records to be Released/Records Requested	Purpose of Disclosure
<input checked="" type="checkbox"/> Medical Records	<input checked="" type="checkbox"/> To assist ARD committee in educational planning.
<input checked="" type="checkbox"/> FIE, ARD, IEP, TAKS/STAAR /SDAA	<input type="checkbox"/> To assist outside agency in providing non-educational support
<input checked="" type="checkbox"/> ITP, Vocational testing	<input checked="" type="checkbox"/> For Educational Planning
<input checked="" type="checkbox"/> Other Sp. Ed Records	
<input checked="" type="checkbox"/> Psychological evaluations	
<input type="checkbox"/> Initial Consent to Placement	

I have been informed and understand the school's request for my consent, as described above. This information will be disclosed/requested upon receipt of my written consent. I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive. I give permission for the identified records to be released/disclosed to the above named agency.

Name of Parent, Guardian or Adult Student

Date

Signature of Parent, Guardian or Adult Student

Date

Return this form to Ki Charter Special Education Case Worker

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Nombre del Estudiante: _____

Distrito: _____

#ID del Estudiante: _____

Escuela: _____

CUESTIONARIO SOBRE EL IDIOMA USADO EN EL HOGAR

19 TAC Chapter 89, Subchapter BB, §89.1215

(El cuestionario sobre el idioma usado en el hogar administrado solamente durante la matriculación inicial en escuelas públicas en Texas)

Este cuestionario debe de completarse por el padre o tutor para estudiantes que cursen desde Prekínder* hasta el octavo grado (o por el estudiante si cursa grados del 9-12)

*Prekínder incluye cualquier estudiante matriculado en programas para niños de 3 o 4 años de edad.

Primera Parte:

El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Estimado padre o tutor:

Por favor, responda las siguientes preguntas sobre los idiomas que usa su hijo(a) o su familia. Si sus respuestas indican el uso de un idioma que no sea inglés, la escuela llevará a cabo una evaluación de dominio del idioma para determinar qué tan bien se comunica su hijo(a) en inglés. Esta información se utilizará para determinar cualquier apoyo lingüístico apropiado e informar las recomendaciones de instrucción. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma del hogar, o si desea ayuda para completar el formulario, comuníquese con el personal de su escuela/distrito.

Este cuestionario se mantendrá en la carpeta de registro permanente de cada estudiante. Una copia de este cuestionario seguirá al estudiante mientras esté matriculado en cualquier escuela pública o una escuela autónoma de inscripción abierta de Texas.

Segunda Parte:

Por favor, responda a las preguntas lo mejor que pueda.

1. ¿Cuáles idiomas se usan en el hogar? _____
2. ¿Cuáles idiomas usa el estudiante en el hogar? _____
3. Si el estudiante tenía un entorno familiar anterior, ¿cuáles idiomas se utilizaban? Si no tenía un entorno familiar anterior, responda No aplicable (N/A). _____

☐ Al marcar este casillero, yo entiendo que una corrección a este cuestionario solo puede suceder si:

- 1) mi hijo/(a) aún no ha sido evaluado para el dominio del inglés; y
- 2) las correcciones se realizan en un plazo de dos semanas naturales a partir de la fecha de matriculación de mi hijo(a).

Nota: Por favor, póngase en contacto con su escuela para informarse sobre los beneficios de los servicios de la educación bilingüe. Los siguientes recursos también pueden proporcionarle información sobre los servicios del programa que fomentan el bilingüismo.

- [Derechos de los padres/tutores](#)
- [Educación bilingüe](#)
- [Videos informativos para padres](#)

Por favor, visite el portal Apoyando a estudiantes bilingües emergentes en Texas (txel.org) para obtener información adicional.

Firma del padre/tutor _____ Fecha _____

Firma del estudiante si está en los grados 9-12 _____ Fecha _____

KI CHARTER MIGRANT STUDENT SURVEY

Dear Parents,

In order to better serve your children, Ki Charter is helping the state of Texas identify students who may qualify to receive additional educational services. This form will be evaluated and you may be contacted if additional information is required. The information provided below will be kept confidential.

Student: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Street Address: _____ City: _____ Zip Code: _____

1. Have you or your family traveled within the last three (3) years in the USA? Has it been to seek or work in agricultural related jobs?

NO ☐

YES ☐

If yes, please check the appropriate items below:

☐ Ranch or Farm

☐ Packing or sorting in warehouses

☐ Field work

☐ Canneries

☐ Weeding crops

☐ Meat, poultry, or fish processing

☐ Picking or harvesting crops

☐ Other agriculture work

2. Did the children in your family travel with you or did they join you later at the worksite?

NO ☐

YES ☐

3. Was this move from one town/city (school district) to another in state or out-of-state?

NO ☐

YES ☐

Parent/Guardian Signature: _____ Date _____

Office Use Only		
If document indicates Yes on all three questions, please forward to Migrant Contact.		
Referred Date:		

Ki Charter

Parent Portal Application

Parent Portal is a free web-based service that allows parents/guardians to view their child's assignments, grades and attendance, online at their convenience. We believe that strong parental involvement is a key component for students to be successful. We encourage all parents/guardians to complete this form to gain access to real-time data regarding your child's academic performance.

In order to receive Parent Portal Access, an **application** must be completed. A unique ID and password will be emailed to you by the district. The district will either have a link to Parent Portal on the school website or give you other instructions on how to login.

Please Print Clearly - Only **one** application per parent or guardian is necessary. Your login and password will allow access to all students in your family.

Parent or Legal Guardian Information

(One Parent/Guardian per form)

Parent/Guardian **Last Name**

Parent/Guardian **First Name**

Parent/Guardian **E-mail Address**

Parent/Guardian **Phone Number**

List all Students for which the applicant is the parent or Legal Guardian

Student Last Name	Student First Name	Campus/Grade

By completing the application for this account, you allow the school district to make information, confidential under the Family Educational Rights and Privacy Act, available to you by means of the Internet on a website that is secure and accessible by a unique login and password. You understand and agree that the district is not responsible for unauthorized Internet access to your student's records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access and you waive any claims or causes of action that you may have against the district by reason of such unauthorized access.

Parent/ Guardian Signature

Date

Office Use Only	ID Verified/Processed By:	Application Campus:
	Family ID#:	Date of Notification:

Parent Academic Progress Questionnaire



When a student enrolls into a Texas Public School, all student records are requested and received from the student's previous school(s). These records are used to assess the needs specific to the student. The following questions serve as an initial screening to help in student placement prior to receiving the student's official records. If there is concern regarding one of the following scenarios please request to speak with a school official so that we can ensure your student's needs are accurately met

Student Information

Last Name

First Name

MI

DOB

Grade

School Year

Please mark the answer that best identifies your student

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has the student ever not performed satisfactorily on a reading readiness test given sometimes between pre-ki dergarten and 3 rd grade? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has the student made below a 70 average in any two or more courses during a single year? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Has the student ever been retained or repeated a grade level? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Has the student ever not performed satisfactorily on a state assessment (i.e.: TAKS, STAAR, End of Course)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does the student have a child or ever been pregnant? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Has the student ever been assigned to an Alternative Education Placement (AEP)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. During the current or previous school year, has your student ever been expelled? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Is the student currently on parole, probation deferred prosecution or other conditional release? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Has the student ever been previously reported through PEIMS to have dropped out? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Does the student qualify for Limited English Proficiency (LEP) or received English Language Learner (ELL) s rvices? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Has the student ever been referred to or is currently in Custody of the Department of Protective and Regulatory Services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. During the current school year, has the student ever been homeless or participated in the McKinney-Vento Act? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Has the student resided in a Residential Placement Facility during the current or previous school year? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Has been incarcerated or has a parent or guardian who has been incarcerated, within the lifetime of the student, in a penal institution as defined by Section 1.07, Penal Code, or, regardless of the student's age, each student who participates in an adult education program provided under a high school diploma and industry certification charter school program under Section 29.259. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Additional information or comments

Confidential
Information

KI Charter
Form for Compensatory Education Funding
Qualification School Year 2023–2024

Confidential
Information

1. Child's name: _____
(Last Name) (First Name) (Middle Initial)
Child's grade: _____ School: _____ SSN or student ID: _____
(Optional)

2. Is the child a foster child? If this is a foster child, check here [☐] and list the child's monthly personal use income:
\$ _____. SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving food stamps or TANF benefits for your child? If you are receiving food stamps or TANF benefits for this child, check here
☐ list the case number, and then SKIP section #4 and GO TO section #5.
Food stamp case number: _____ TANF case number: _____

4. All other households. Complete this section if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. Then GO TO section #5.

NAMES		CURRENT MONTHLY INCOME			
Name of household members (include the child listed above)	Check if \$0 income	Monthly earnings (before deductions) Job #1	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, social security	Monthly earnings from job #2 or any other monthly income
1.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
2.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
3.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
4.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
5.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
6.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
7.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
8.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
9.	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
10	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____

5. Signature and social security number. I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct or that all income is reported. I understand that this information is being given in order for the school to receive additional state funding and that school officials may verify the information.

Signature of adult _____ Social security number _____

Printed name _____ Home phone _____ Work phone _____
Mailing address _____ City _____ State _____ Zip _____ Date _____

6. Consent for release of information to Texas Education Agency for program audit purposes. I consent to the release of the above information by the _____ school district/charter school to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced price meals or free milk.

Signature of adult _____ Date _____

FOR OFFICIAL USE ONLY: Food Stamp or TANF Eligible ☐

Total Monthly Income \$ _____ Household Size _____

Income Eligible ☐

Determining Official _____ Signature _____ Date _____

Instructions for Completing the Compensatory Education Funding Qualification Form

Please complete the **Compensatory Education Funding Qualification Form** using the instructions below. Sign, date and return the form to Ki Charter 12550 State Hwy 29, Liberty Hill, TX 78666 or Fax to (512) 515-5875 or email Jerry.Lager@kicharter.org . If you need assistance, call (512) 528-2100. Complete a separate form for each child in your household that attends public school.

1. Child information. Print your child's name, grade, and the name of the school.

2. Foster child. Complete this section if this is a foster child. List the foster child's monthly "personal use" income. Put "0" if the foster child does not receive "personal use" income. A foster parent or other official representing the child must sign the form in section #5. You are not required to list a social security number.

3. Food stamps or Temporary Assistance for Needy Families (TANF) benefits. If you are receiving food stamps or TANF benefits for the child, complete this section of the form. List the current food stamp or TANF case number for the child. An adult household member must sign the form in section #5. You are not required to list a social security number.

4. All other households. Complete this section of the form if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child. (If you have more than one child attending public school and you are filling out a separate form for each one, you only need to complete this section once.)

List the name of everyone in your household even if they do not have an income. Include yourself, your spouse, the child, and all other household members.

List the amount of income each person received last month before taxes or any other payroll deductions. List the income source, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.

If anyone is self-employed, write the amount of income the person earns from self-employment. For example, self-employment income could be from operating a farm or a business such as a day care center.

Sign the form in section #5 and list your social security number. If you do not have a social security number, write "none."

5. Signature and social security number. The form must have the signature of an adult household member. Unless you have a food stamp or TANF case number or the child is a foster child, the social security number of the adult who signs the form must be included. If the person who signs the form does not have a social security number, put "none."

6. Consent. The adult household member whose signature appears in 5 should sign and date the consent.

Examples of Income to Report

Earnings from work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business such as day care
center, farm or other

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Monthly Income/Self-Employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not
living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

SF-141R08