CPS Family Income Information Form 2026-2027

Chicago Public Schools

The purpose of this form is for CPS to obtain information about families' incomes to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office.

Parents: Please return form to school by October 30.
Schools: Please enter into ODA by November 20.

please print or type:

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
SCHOOL NAME	STUDENT ID	DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME? ☐ YES ☐ NO

PART 1: Household Information — List all members of your household living with you.
**Foster Children (legal responsibility of welfare agency or court)*

PART 2: Medicaid/SNAP/TANF number of any member of your household *(go to part 6)*

FOSTER CHILD?	CPS STUDENT?	ALL HOUSEHOLD MEMBER NAMES Last	First	M.I.	DATE OF BIRTH	DHS SNAP OR TANF CASE NUMBER (LAST 9 DIGITS)
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					
☐	☐					

PART 3: Homeless, Runaway Child, or child enrolled in Head Start

☐ HOMELESS
☐ RUNAWAY
☐ HEAD START

Homeless, Runaway or Head Start Liaison Signature _____ Date _____

PART 4: List Household Members With Income *(SKIP THIS if you answered any of parts 2 or 3)*
Enter the amount of income and how often it is received for each household member.
Frequency: Weekly, Every 2 Weeks, Twice Monthly, Monthly, Annually

OTHER INCOME can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Compensation, and Unemployment.

HOUSEHOLD MEMBER NAMES WITH INCOME First	Last	M.I.	GROSS INCOME *(before deductions)*	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	OTHER INCOME	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○
			$	○	○	○	○	○	$	○	○	○	○	○

PART 5: Opt in for information about other benefits.

☐ **YES!** I am interested in applying for a waiver of instructional fees.

☐ **YES!** I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. *Or call 773-553-5437*

☐ **YES!** This student/these students have a parent who is a veteran or active military member. *Students with a parent who is a veteran or active military may qualify for a fee waiver.*

Signature _____

PART 6

Signature: I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding and screen CPS students for eligibility for other benefits and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted. I consent to the district sharing eligibility status in order to receive benefits based on eligibility status.

Signature of adult household member _____ Parent / Guardian First Name _____ Parent / Guardian Last Name _____

Address _____ Zip Code _____ Date _____

Must have an original signature. An electronic signature is not acceptable.

RETAIN IN FIIF FOLDER FOR 4 YEARS