



Dear TMCC High School Family:

TMCC High School pursues different avenues of funding to support our students. We request that you complete the Income Verification form to help us obtain certain statistics that are required on grant applications.

- 1. Do I need to fill out a form for each child?** No. Complete the form to verify your income for our school statistics. Use one Income Verification Form for all students in your household. **Return the completed form to:** TMCC High School 7000 Dandini Blvd RDMT 314. Reno, NV 89506.
- 2. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 3. May I fill out the form if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to fill out the income verification form.
- 4. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 5. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 6. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call 775.674.7660.

Si necesita ayuda, por favor llame al telefono: 775.674.7660.

Sincerely,

David Kitchin, Principal
TMCC High School

Your Future Now!

washoeschools.net/tmcchs

7000 Dandini Blvd. RDMT 314 | Reno, NV 89512-3999 | 775.674.7660 p 775.674.7931f



INSTRUCTIONS FOR VERIFICATION

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM NEVADA SNAP, OR NEVADA TANF OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR)], FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: List the case number for any household member (including adults) receiving Nevada SNAP or Nevada TANF or FDPIR benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

IF NO ONE IN YOUR HOUSEHOLD GETS NEVADA SNAP OR NEVADA TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: Skip this part.

Part 3: If any child is homeless, migrant, or a runaway check the appropriate box and call WCSD Child and Family Services Dept. 775.327.0676.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

If some of the children in the household are foster children:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child is homeless, migrant, or a runaway check the appropriate box and call WCSD Child and Family Services Dept. 775.327.0676. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2 —Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child is homeless, migrant, or a runaway check the appropriate box and call WCSD Child and Family Services Dept. 775.327.0676. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Box 1—Name:** List all household members with income.
- **Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDIPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

2021-2022 FAMILY INCOME VERIFICATION

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> children in household (First, Middle Initial, Last)	Name of school and current grade level for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court) * If all children listed below are foster children, skip to Part 3 then Part 5 to sign this form. Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #	Check if NO income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2. IF ANY CHILD IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL WCSO Child and Family Services Dept. 775.327.0676. HOMELESS MIGRANT RUNAWAY

PART 3. FOSTER CHILD

IF YOU LIST A CHILD(REN) WHO IS(ARE) THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT, CHECK THIS BOX

AND THEN LIST THE AMOUNT OF EACH CHILD'S PERSONAL USE MONTHLY INCOME: \$ _____. SKIP TO PART 5.

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
<i>(Example) Jane Smith</i>	<u>\$199.99/weekly</u>	<u>\$149.99/every other week</u>	<u>\$99.99/monthly</u>	<u>\$50.00/monthly</u>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement below.)

I certify (promise) that all information on this document is true and that all income is reported. I understand that the school will possibly get Federal funds based on the information I give. I understand that school officials may verify (check) the information.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: *** - * * - _ _ _ _ I do not have a Social Security Number

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Eligibility: Free _____ Reduced _____ Paid _____

Verifying Official's Signature: _____ Date: _____

Privacy Act Statement: This explains how we will use the information you give us.

The TMCC High School requires the information on this document to apply for grant applications. You do not have to give the information, but if you do not, we cannot include your child for our statistics. You must include the social security number of the adult household member who signs this document. The social security number is not required when you fill out information on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDRIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number.

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your income verification meets certain levels of income, then your child may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in.

No! I DO NOT want information from my Income Verification Document shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Jenny Goodfellow at 775.674.7660 or e-mail at jmgoodfellow@washoeschools.net

Return this form to:

TMCC High School, 7000 Dandini Blvd -Red Mt 314, Reno, NV 89512 by June 30, 2019

Washoe County School District

TMCC High School Meal Card Agreement

1. The eligible student has completed the Family Income Verification Form for the current school year and is eligible for Free and Reduced Lunch.
2. Student will receive a prepaid Visa card from Washoe County School District.
3. Student has \$5.00 per school day to use for purchase for food. Student should keep receipts of purchases to track spending to ensure current balance on the card. Overspending will result in loss of card and repayment.
4. The card is to be used to purchase food for the cardholder only.
5. The card is to only be used to purchase healthy and nutritious food. Other items should be purchased with your own money.
6. The card is only to be used at TMCC Café. Attempts in other locations may result in loss of card.
7. If the card is lost or stolen, please contact TMCC High School office Immediately.
8. Abuse of the card will result in the loss of privileges.

Printed Parent Name

Parent Signature

Date

Printed Student Name

Student Signature

Date