

## Student Information:

\_\_\_\_\_  
*First name*

\_\_\_\_\_  
*Last name*

\_\_\_\_\_  
*DU ID Number*

During 2017 or 2018, I, my parent(s)/legal guardian(s), or another member of my parental household received benefits from the following federal programs for any duration (check all that apply):

- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Free or Reduced Price Lunch
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

-OR-

- ☐ Check here if you, your parent(s)/legal guardian(s), or any other members of your parental household **did not receive** benefits from any of the above federal programs during 2017 and 2018

\*

\_\_\_\_\_  
Student Signature

\*

\_\_\_\_\_  
Date

\*

\_\_\_\_\_  
Parent Signature (**required** for dependent students)

\*

\_\_\_\_\_  
Date