

Student Information:_____
*First name*_____
*Last name*_____
DU ID Number

During 2018 or 2019, 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 2018 and 2019

* _____

Student Signature

* _____

Date

* _____

Parent Signature (required for dependent students)

* _____

Date