

A. Student Information

First name

Last name

DU ID Number

B. Federal Benefits

During 2020 or 2021, 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 2020 and 2021.

C. Certification and Signature

*Each person signing this form certifies that all the information reported on it is complete and correct. Parent signature required for dependent students.*

Student Signature (required)

Date

Parent Signature (required if student is dependent)

Date