

#1065 – HHCCR Household Composition Change Request

Step Up For Students



Application # _____

USE THIS FORM TO:

- **ADD** a STUDENT/CHILD/OTHER ADULT not previously included on your application.
- **REMOVE** a STUDENT/CHILD/OTHER ADULT previously included on your application.

DEFINITIONS:

- **STUDENT** – A household member I WOULD like to be reviewed for scholarship eligibility.
(Must be at least 5 years old by September 1 to enter Kindergarten or 6 years old by September 1 to enter 1st grade.)
- **CHILD** – A household member under 18 I WOULD NOT like to be reviewed for scholarship eligibility.
- **OTHER ADULT** – A household member over 18 not listed as the primary parent or secondary parent.

SECTION 1: ADD THIS STUDENT FOR A SCHOLARSHIP REVIEW.

First Name: _____ Middle Initial: _____ Last Name: _____

SSN: _____ (If this individual does not have a SSN, write N/A on the line.)

Relationship to the Primary Parent: _____ Date of Birth: _____ Gender: M F

Is the student of Hispanic or Latino origin? Yes No

Has the student been in Foster care or Out-Of-Home Care at any time since July 1, 2019? Yes No

Does this student receive SNAP? Yes No Grade Level as of 8/2020: _____

Type of school attended in 2022-23: FL Public FL Private FL Home School FL Charter FL Virtual

Out of state County the school was located: _____

SECTION 2: ADD THIS CHILD TO HOUSEHOLD. **DO NOT** REVIEW THIS CHILD FOR A SCHOLARSHIP.

First Name: _____ Middle Initial: _____ Last Name: _____

Relationship to the Primary Parent: _____ Date of Birth: _____ Gender: M F

Has the student been in Foster care or Out-Of-Home Care at any time since July 1, 2019? Yes No

SECTION 3: REMOVE THIS INDIVIDUAL FROM MY HOUSEHOLD.

First Name: _____ Middle Initial: _____ Last Name: _____

Relationship to the Primary Parent: _____ Relationship to Child(ren): _____

State the reason this individual is being removed: _____

New Mailing Address (if reason is moved): _____

SECTION 4: ADD THIS ADULT TO MY HOUSEHOLD.

First Name: _____ Middle Initial: _____ Last Name: _____

Relationship to the Primary Parent: _____ Relationship to Child(ren): _____

Employed? Yes No If yes, name of employer? _____

If yes, is this a seasonal, educational or other profession where income changes? Yes No

Are you supposed to receive child support? Yes No



Income Source (For each type of income indicate how often it is received)

Gross Amount Per Month

Wages paid by check/direct deposit

every week every-other week two times a month once a month

\$ _____

Wages paid in cash

every week every-other week two times a month once a month

\$ _____

Unemployment, Worker's Compensation, Strike Benefits

every week every-other week two times a month once a month

\$ _____

Child support

every week every-other week two times a month once a month

\$ _____

Alimony

every week every-other week two times a month once a month

\$ _____

Adoption benefits

every week every-other week two times a month once a month

\$ _____

TANF, General Assistance, General Relief (SNAP/FDPIR are not counted as income)

every week every-other week two times a month once a month

\$ _____

Social Security or Disability Income (in your name)

every week every-other week two times a month once a month

\$ _____

Social Security or Disability Income (for your children)

every week every-other week two times a month once a month

\$ _____

Supplemental Security Income

every week every-other week two times a month once a month

\$ _____

Income from a pension, retirement, VA

every week every-other week two times a month once a month

\$ _____

Benefits, grants or allowances paid in cash (such as housing, clothing)

every week every-other week two times a month once a month

\$ _____

Deployed service member's income left to household

every week every-other week two times a month once a month

\$ _____

Annuities or net royalties

every week every-other week two times a month once a month

\$ _____

Interest and/or dividends

every week every-other week two times a month once a month

\$ _____

Financial assistance received regularly from family members, church, etc.

every week every-other week two times a month once a month

\$ _____

Net income from a self-owned business or farm

every week every-other week two times a month once a month

\$ _____

Net rental income (from rental property you own)

every week every-other week two times a month once a month

\$ _____