



Workforce Education Information Management

BROWARD COUNTY PUBLIC SCHOOLS 2023 – 2024 WORKFORCE EDUCATION REGISTRATION APPLICATION ADDENDUM

Name: _____ Student ID: _____

Income Status

Please answer **ALL** questions related to any income barrier you feel you possess. This information is required by the Florida Department of Education. **All responses are kept secure and confidential.**

1. Will you exhaust your TANF (Temporary Assistance for Needy Families) benefit within the next two (2) years?

- Yes (A)
- No
- Does Not Apply

2. Have you been unemployed for the last 27 or more weeks?

- Yes (B)
- No

3. Do you identify yourself as being low income? Some examples of being low income may include:

Examples

- Being a member or having a member of your immediate family receiving benefits through SNAP/TANF, SSI and/or other state public assistance.
- A youth who receives free or reduced lunch in school.
- Currently in a foster care program.
- Being a person with disability AND a personal income at or below the poverty line, regardless of family income.
- Currently homeless.
- Currently a youth who is living in high-poverty area.

- Yes, one or more of the above in Question #3 apply to me (C)
- No, none of the above in Question #3 apply to me

For Reference ONLY

Persons in Household	Low Income Guidelines
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For households with more than 8 persons, add \$5,140 for each additional person.

Signature of Student _____

Date _____