



Eligibility Change Form for Families Already Found Eligible

Student Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone Number _____

Please check one:

_____ My income has changed due to a change in employment hours. Please list Employer name and contact phone number below for verification or provide proof of income change as provided by your employer:

_____ My income has changed due to an end in employment. Please list your former Employer's name and contact info below for verification or provide proof of employment ending as provided by former employer.

_____ My income has changed due to a change in support services. Please list the source of financial assistance that ended or began and provide proof of assistance ending/starting as provided by the organization.

_____ My household number has changed. Please list the changes including specification of those supported by your income.

_____ My housing status has changed. Please list the changes and include proof of this status change.

By signing below, you verify that the information provided above is complete and truthful. I understand that my child may be withdrawn from enrollment/attending if any information I provided proves to be false

(Parent/Guardian signature)

(Date)

(Parent/Guardian signature)

(Date)

Return this form along with documentation of your change to PSDECE@psdschools.org, or mail it to Fullana at 220 N. Grant Ave., Fort Collins CO 80521