



ZERO INCOME STATEMENT QUESTIONS—FORM SOCSER 633

Child's Name: _____ D.O.B. _____

How does your family pay for food?

How does your family pay utility bills?

How does your family pay for housing?

How does your family pay for clothing?

What does your family use for transportation?

Parent's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____