

[Insert District Name] 2023-2024 Family Economic Data Survey

Apply online at **[Insert Webpage]**

Complete one survey per household. Please use a pen (not a pencil).

STEP 1 List all student's attending [Insert District Name] (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	No Income	Birth Date					Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
				M	M	D	D	Y						

Check all that apply. Read Federal Economic Data Survey Application Instructions for more information.

STEP 2 If household members (including you) currently participate in one of the following assistance programs: SNAP, TANF, or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number					TANF Case Number					FDPIR Case Number				

STEP 3 Report income for ALL household members (Skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income \$

How Often? Weekly Bi-Weekly 2x Month Monthly Annually

B. All Other Household Members (including yourself)

List all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/Child Support/Alimony	How Often?					Pensions/Retirement/All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Students' and Adults)

STEP 4 Contact information and adult signature. Mail signed and completed application to: [Insert School/District Mailing Address]

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	CO	<input type="text"/>	<input type="text"/>
Mailing Address or PO Box	Apt. # or Lot #	City	Zip Code	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	SIGNATURE of Adult Household Member		Printed First and Last Name of Signer	Today's Date

STEP 5 Release of Information

The information provided on this survey will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students qualify this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. *Your information WILL be shared unless you check one of the boxes below.*

Do NOT share my information with any programs

Do not share my information with the programs I have checked: Medicaid/SCHIP List Specific Program List Specific Program List Specific Program List Specific Program

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Survey Type:

Total Household Income: \$ _____ Household Size: _____
Household Income Frequency - Weekly Bi-Weekly 2x/Month Monthly Annually

Categorical Eligibility - SNAP FDPIR TANF Foster
 Homeless/Migrant/Runaway/Head Start

Survey Status:

Approved - Free Reduced

Denied - Over Income Guidelines Incomplete/Missing: _____

Notes: _____

Determining Official Signature:

Approval/Denial Date:

Notification Sent: