

20 -20 Family Economic Data Survey

Complete one form per household. Use a black or blue pen (NOT a pencil). See the **Step-By-Step** Instructions for more information.

STEP 1: List all infants, children and students through grade 12 (If you need more space, attach an additional sheet).

Child First Name	MI	Child Last Name	Birth Date (MM/DD/YY)			Grade	Check all that apply. Refer to instructions for info on categories.	Foster Child	Runaway	Homeless	Migrant
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do any household members receive SNAP, TANF/CO Works, or FDPIR benefits? If **YES**, list case number and go to STEP 3. Case # If **NO**, go to STEP 2.

STEP 2: Report income for all household members, including students.

List all adults in your household. Report their total gross income. If an adult does not have income, write zero (0). Add students in your home that receive income. See instructions for more information.

First and last name of household members	Earnings from work	Public Assistance/Child Support/Alimony					Pensions/Retirement/All other income
		Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	
	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

STEP 3: Signature and Contact Information.

"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"/>	<input type="text"/>	<input type="text"/>
Mailing Address or PO Box	City	State	Zip Code
<input type="text"/>		<input type="text"/>	
Home or Cell Phone Number		SIGNATURE of Adult Household Member (Required)	
<input type="text"/>		<input type="text"/>	
Printed First and Last Name of Signer		Today's Date	

Total Number of Household Members (All children and adults that live in your home)

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STEP 4: 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 or district for the purpose of waiving certain school/district program fees that your children might otherwise be required to pay. The school or district is not permitted to share your information with anyone else. You are not required to consent to the release of your information, and 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 information with Medicaid/SCHIP

Share my information with the following programs I’ve checked:

<input type="checkbox"/>	Advanced Placement (AP) Exam and/or AP Book Fees	<input type="checkbox"/>
<input type="checkbox"/>	Accelerate College Opportunity Exam and/or Book Fees	<input type="checkbox"/>

Return completed application to:

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			
Form Type		Form Status	
<input type="checkbox"/> Total Household Income: \$ _____ Household Size _____		Approved <input type="checkbox"/> Free <input type="checkbox"/> Reduced	
Household Income Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		Denied <input type="checkbox"/> Over Income Guidelines <input type="checkbox"/> Incomplete/Missing _____	
<input type="checkbox"/> Categorical Eligibility		<div>Notes:</div>	
<input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> TANF <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway/Head Start			
Determining Official Signature: <input type="text"/>		Approval / Denial Date: <input type="text"/>	
		Notification Sent: <input type="text"/>	
Note: All types of income must be combined in total household income, not just earnings from work.			