

## 2015-2016 Family Economic Data Survey

**Purpose:** This form will be used to determine whether the school district is eligible for additional funding on the behalf of the student(s) listed below. By filling out this form, you are helping to ensure that the school district receives additional funding to which it is entitled based on the population of student served by the district.

<b>Student Information:</b> List each child in the household who is enrolled in the district. Provide school and grade information for each child and, if applicable, check the appropriate box.						
Student Name: Last, First	School	Grade	Foster	Homeless	Migrant	Runaway
Jack Doe (Child #1)	Acme Elementary School	3 <sup>rd</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jamie Doe (Child #2)	Acme High School	11 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information:** List ALL members in the household. Do not list the students listed above unless the student has a source of income. List each source of income (such as work, alimony, child support, unemployment, pension, retirement, social security, supplemental security income and veteran's benefits). Provide total gross income (income before taxes and other deductions) and check the appropriate box to indicate the frequency for each source.

Household Member Names: Last, First	Source of Income	Total Income
Jane Doe (Mother)	Work	\$ <u>250</u> <input checked="" type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> monthly <input type="checkbox"/> no income
Jane Doe (Mother)	Alimony	\$ <u>1000</u> <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input checked="" type="checkbox"/> monthly <input type="checkbox"/> no income
John Doe (Father)	Unemployment	\$ <u>400</u> <input type="checkbox"/> weekly <input checked="" type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> monthly <input type="checkbox"/> no income
Joy Doe (Child #3 - not attending school yet)	--	\$ <u>          </u> <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> monthly <input checked="" type="checkbox"/> no income
Justin Doe (Child #4 - attending private school)	--	\$ <u>          </u> <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> monthly <input checked="" type="checkbox"/> no income
Sally Jones (Grandmother)	--	\$ <u>          </u> <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> monthly <input checked="" type="checkbox"/> no income
Jamie Doe (Child #2)	Work	\$ <u>150</u> <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input checked="" type="checkbox"/> 2x/month <input type="checkbox"/> monthly <input type="checkbox"/> no income

<b>Household Members:</b> List the total number of members in the household.  <b>Total Household Members:</b> <u>7</u>	<b>Assistance Programs:</b> List current case number, if a member of the household now receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Aid to Needy Families (TANF) - State Diversion or Basic Cash Assistance (BCA) benefits.  <b>Case Number:</b> <u>1B#####</u> <b>Name of Person Who Receives Benefits:</b> <u>Father</u>
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**Signature:** An adult household member **MUST** sign and date the application  
 I certify that all information on this form is true and that all household income is reported. I understand that the information provided may be used in connection with federal, state, or local educational programs. Specifically, I understand the school district may get additional state funding based on the information I have provided. By signing below I agree that my child(ren)'s eligibility status may be shared for these specific purposes and as allowed by law without specific notice and/or consent. I understand that school officials may verify the information.

**Print Name:** Jane Doe      **Sign Here:** Jane Doe      **Date:** August 5, 2015

<b>FOR DISTRICT USE ONLY:</b> Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12			
Total Income: _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Household Size: _____	Eligibility: Free _____ Reduced: _____ Denied: _____	
<input type="checkbox"/> Income <input type="checkbox"/> Categorically Eligible	Application Number: _____	Determining Official's Signature: _____	Date: _____