



COLORADO DEPARTMENT *of* EDUCATION

Student October 2013 At-Risk Count Resource Guide

Colorado Department of Education

Division of Public School Finance



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Overview

Each year all public school districts and facilities across the state of Colorado participate in the Student October Count data submission to the Colorado Department of Education (CDE). The purpose of this data collection is to obtain required student level data as provided for by state statute, including information regarding students' funding eligibility and lunch eligibility ("Free", "Reduced", or "Paid") as outlined in the Public School Finance Act of 1994 (22-54-101, C.R.S.). The Colorado Department of Education collects these data through the Data Pipeline with the Information Management Services (IMS) unit of CDE overseeing the collection.

In an effort to ensure accurate reporting of those data fields associated with student and at-risk funding, the Field Analyst Support Team (FAST) of the Division of Public School Finance for the Colorado Department of Education conducts periodic compliance audits of each district's Student October Count data. FAST audits districts every one to four years, the frequency of which is determined by a number of factors including, but not limited to, the size and location of the district, as well as issues or concerns that might have arisen from prior audits.

The purpose of this resource guide is to provide helpful information to assist districts in preparing for their ***at-risk count audit***. With the emergence of new technology capabilities, it is recommended whenever possible that districts retain their audit documentation in electronic format.

At-Risk Funding

At-Risk funding for each district is determined by a number of factors, including the number of students reported as free lunch eligible in a given district's Student October Count data submission to the Colorado Department of Education. For purposes of the at-risk audit, districts must be prepared to provide documentation to support any funded student's free lunch eligibility status as reported in its Student October Count data submission. Acceptable documentation to support a student's free lunch eligibility includes:

Current year:

- Application for Free and Reduced Price School Meals (for the applicable school year)
- Family Economic Data Survey
- Direct Certification List
- District migrant, homeless, runaway and /or foster child list.
- Runaway list
- Foster list from county
- Head Start/ Even start lists

*In the absence of current year documentation, carry over or prior year (when applicable) documentation may be used to evidence free lunch eligibility if the pupil enrollment count day falls within the first 30 school days.

Application for Free and Reduced Price School Meals

If a student is deemed "free lunch" eligible through the completion of an Application for Free and Reduced Price School Meals, the student may be reported as such in the district's Student October Count data submission. The district must ensure that the application is filled out correctly and completely, as well as processed accordingly by the district. Not all districts have the same format. The USDA application can also be used by districts. Below are some guidelines for the At Risk audit as it relates to the 2013-2014 application that is available on the CDE website.

- **Part 1:** This section should include a list of all students attending school in your district. All applicable fields in this section should be completed/checked for each student, including:
 - Foster Child Status
 - Student's First and Last Name
 - "No Income" flag (if applicable) - if this field is left blank, then the student should appear in Part 4 of the application with the applicable income amount.
 - Homeless (checked indicates "Yes," blank indicates "No")
 - Migrant (checked indicates "Yes," blank indicates "No")
 - Runaway (checked indicates "Yes," blank indicates "No")

- **Part 2:** If the family qualifies for the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR), this section must be filled out completely by listing both the name of the household member receiving benefits and the case number. If either is missing and a student was flagged as free lunch eligible based on this criteria, the district's at-risk count may be adjusted.

- **Part 3:** Homeless, Migrant or Runaway: If an application is received with the H/M/R box checked, the District must confirm the appropriate liaises. For audit purposes, the district will need to provide copies of its homeless and/or migrant list.

- **Part 4:** This section should list all household members who were not included in Part 1, as well as any student included in Part 1 who did not have the "No Income" box checked (i.e., students who have income).
 - If the application does not have a student that has been flagged as a foster child, migrant, homeless, runaway, or a SNAP/FDPIR recipient, then the income listed in Part 4 will be used to determine whether the household income qualifies the student(s) listed for free lunch eligibility.
 - Foster, homeless, migrant and runaway status cannot be conveyed to other students. There may be an application with these indicators marked but income may still need to be used for other children on the application.

- **Part 5:** (This section is not relevant to the At-Risk audit.)

- **Part 6:** If Part 4 is completed and income is included, the parent/guardian must also provide the last 4 digits of his/her social security number (or select "I do not have a Social Security Number" check box). If any of this required information is not complete, including a signature and date from the parent/guardian, the district's at-risk count may be adjusted.
 - Current year application must be dated between July 1st of the current year and 30 calendar days following the pupil enrollment count day.
 - Applications dated 31 days or more following the pupil enrollment count day will not be acceptable for verification of free lunch eligibility as it is reported in the Student October data submission.

- In the event an application is modified/changed by district staff based on a household needing to change income information or household size, the district must document the change as follows:
 - Indicate the date of the call/contact; **and**
 - Provide the name of the household member requesting the changes; **and**
 - Note the information changed; **and**
 - Include the initials/signature of the district staff making the changes.

* Carryover Applications

Absent current year documentation, the district may submit the student's approved free lunch application from the prior year that is effective for a maximum of 30 operating days into the current school year.

Reference	CSBOE Rule 2254-R-6.00; 22-54-103 (1.5) (b) I-III, C.S.R.
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Family Economic Data Survey

A student may be reported as free-lunch eligible in the Student October Count submission if he/she has a current year Family Economic Data Survey that has been approved within 30 *calendar* days following the pupil enrollment count day. This form can be used by schools that are not participating in the Federal National School Lunch or School Breakfast programs. For purposes of the at-risk count audit, the Family Economic Data Survey:

- Must be signed and dated by an adult member of the household.
- Must include the names of *all* household members, including the name(s) of the child(ren) for whom the application is made.
- Must include gross income for all household members who work.
- If a student is a foster child, please check the box for "Foster Child" in Section 1 for that particular child. (*Foster children are the children who are the legal responsibility of a welfare agency or court.*)
- School district personnel should not alter any information on the survey. If there is a change to the family's gross income, the district should obtain a new survey or attach a pay stub that contains the family gross income and is dated appropriate to the applicable Student October Count.
- Surveys dated 31 days or more following the pupil enrollment count day will not be acceptable for verification of free lunch eligibility as it is reported in the Student October data submission.

Carryover Applications

Absent current year documentation, the district may submit the student's approved Family Economic Data from the prior year that is effective for a maximum of 30 operating days into the current school year.

Reference	CSBOE Rule 2254-R-6.00; 22-54-103 (1.5) (b) I-III, C.S.R.
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Direct Certification

A student who qualifies to be on the direct certification match report, for the current school year, is automatically eligible for free lunch. A copy of the official direct certification match report dated July 1st through 30 days following the official count day for the current year is required for audit if the student was reported as free lunch eligible in the Student October Count data submission, based on this documentation.

For those students who are not listed on the direct certification match report, but who reside or belong to the same household as student(s) who are listed on the direct certification match report, they may be reported as free lunch eligible in the Student October data submission if the following criteria have been met:

- The student(s) have been handwritten or added to the direct certification match report by the district.
- Next to the student's name, the district has indicate the date within 30 days following the pupil enrollment count day the student(s) were added, and the name of the sibling or student that is in the same household that is on the match report.
- The district representative adding the student must initial or sign the addition.

* Carryover Applications

Absent current year documentation, the district may submit the student's approved Direct Certification list from the prior year that is effective for a maximum of 30 operating days into the current school year.

Reference	CSBOE Rule 2254-R-6.00; 22-54-103 (1.5) (b) I-III, C.S.R.
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Migrant, Homeless and Runaway Students

If a student is identified as migrant, homeless or as a runaway, the student is automatically eligible for free lunch. These students may be reported as free-lunch eligible in the Student October data submission. The district must provide the following documentation:

- **Migrant Students:**
 - District Migrant List: the student has been identified as "migrant" by the district's Migrant Education Program Director using guidelines established under Section 107 of the Child Nutrition and WIC Reauthorization Act of 2004, and is included on the district's Migrant List (the list must have been generated on or before 30 *calendar* days following the pupil enrollment count day, and dated appropriately). This can also be indicated on the application.

▪ **Homeless/Runaway Students:**

- District Homeless/Runaway List: the student has been identified as “homeless” or “runaway” by the district’s Homeless Liaison using guidelines established under McKinney-Vento Assistance Act, and is included on the district’s Homeless/Runaway List (the list must have been generated on or before 30 *calendar* days following the pupil enrollment count day, and dated appropriately). This can also be indicated on the application.

*** Carryover Applications**

Absent current year documentation, the district may submit the student’s approved Homeless or Migrant list from the prior year that is effective for a maximum of 30 operating days into the current school year.

Reference	CSBOE Rule 2254-R-6.00; 22-54-103 (1.5) (b) I-III, C.S.R.
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Sample of the 2013-2014 Application for Free and Reduced Meals

2013-2014 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____ Mailing Address, City, Zip Code _____ Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1. Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. If the student has NO INCOME, you MUST check the No Income box. If the student has income please add the student to the household section below and provide income information.							H: Homeless	M: Migrant	R: Runaway
Foster Child	Student Name: Last, First	School	Grade	No Income	H	M	R		
<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"/>					

Part 2. Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits.
(Enter information and skip to part 5)

Name: _____

Case Number: _____

Part 3. Other Source Eligibility: If any child you are applying for is **HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call [your school, homeless liaison, migrant coordinator at phone #]

Part 4. List all household members not listed above AND students with income.		List all current gross income, and check how often it was received.							
Name: Last, First	No Income	Earnings from work before deductions, or unemployment		Welfare, child support, alimony		Pensions, retirement, Social Security, SSI, VA benefits		Other	
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	\$ _____	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.

Your information **WILL** be shared unless you check the box below.

Please do NOT share my information with the Medicaid or SCHIP offices.

Part 6. Signature and Social Security Number: (Adult **MUST** sign)
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. Social Security Number (Last 4 digits only): XXX - XX - _____ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. **Sign here: X** _____ **Date:** _____

*****DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY*****

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

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ Eligibility: **Free**: _____ **Reduced**: _____ **Denied**: _____

Income Categorically Eligible App Num.: _____ Determining Official's Signature: _____ Date: _____ Withdrawn Date: _____

Appendix B

Sample of the 2013-2014 Family Economic Data Survey

2013-2014 Family Economic Data Survey

Last Name(s) of Family _____

Mailing Address, City, Zip Code _____

Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, date, and return application to school.

Part 1. Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. **If the student has NO INCOME, you MUST check the No Income box.** If the student has income please add the student to the household section below and provide income information.

Foster Child	Student Name: Last, First	School	Grade	No Income	H	M	R
<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"/>			

Part 2. Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDP/IR):
Provide the name and case number for the person who receives benefits.
(Enter information and skip to part 5)
Name: _____
Case Number: _____

Part 3. Other Source Eligibility: If any child you are applying for is **HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call [your school, homeless liaison, migrant coordinator at phone #]

Part 4. List all household members not listed above AND students with income.

Name: Last, First	No Income	List all current gross income, and check how often it was received.			
		Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	Other
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month
	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month	\$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2/month

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals. *Your information WILL be shared unless you check the box below.*
 Please do NOT share my information with the Medicaid or SCHIP offices.

Part 6. Signature: (Adult MUST sign and date)
An adult household member must sign and date the application.
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. **Sign here:** X _____ **Date:** _____

*****DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY*****

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12
Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____ Eligibility: Free, Reduced: _____ Denied: _____
 Income Categorically Eligible App Num.: _____ Determining Official's Signature: _____ Date: _____ Withdrawn Date: _____

Appendix C

INCOME ELIGIBILITY GUIDELINES

(Effective July 1, 2013 to June 30, 2014)

FOR SCHOOL USE ONLY. DO NOT DISTRIBUTE TO PARENTS

Household Size	Free Guidelines					Reduced Guidelines				
	Yearly	Monthly	2x/ Month	Bi- weekly	Weekly	Yearly	Monthly	2x/ Month	Bi- weekly	Weekly
1	\$14,937	\$1,245	\$623	\$575	\$288	\$21,257	\$1,772	\$886	\$818	\$409
2	\$20,163	\$1,681	\$841	\$776	\$388	\$28,694	\$2,392	\$1,196	\$1,104	\$552
3	\$25,389	\$2,116	\$1,058	\$977	\$489	\$36,131	\$3,011	\$1,506	\$1,390	\$695
4	\$30,615	\$2,552	\$1,276	\$1,178	\$589	\$43,568	\$3,631	\$1,816	\$1,676	\$838
5	\$35,841	\$2,987	\$1,494	\$1,379	\$690	\$51,005	\$4,251	\$2,126	\$1,962	\$981
6	\$41,067	\$3,423	\$1,712	\$1,580	\$790	\$58,442	\$4,871	\$2,436	\$2,248	\$1,124
7	\$46,293	\$3,858	\$1,929	\$1,781	\$891	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
8	\$51,519	\$4,294	\$2,147	\$1,982	\$991	\$73,316	\$6,110	\$3,055	\$2,820	\$1,410
For each additional family member add	\$5,226	\$436	\$218	\$201	\$101	\$7,437	\$620	\$310	\$287	\$144
Error Prone Thresholds	\$1,200	\$100	\$50	\$44	\$24	\$1,200	\$100	\$50	\$44	\$24

Appendix D

FAST Contact Information

201 E. Colfax Ave., Room 201
Denver CO 80203-1799
Fax (303) 866-6663

It is recommended that courier services such as FedEx and UPS are used for items sent to the Field Support Team Office.

Scott Abbey - FAST Supervisor

(303) 866-6153

abbey_s@cde.state.co.us

Shaheedah Chase – Field Analyst

(303) 866-6880

chase_s@cde.state.co.us

Rebecca McRee – Field Analyst Coordinator

(303) 866-6805

mcree_r@cde.state.co.us

Melody Sims - Field Analyst

(303) 866-6804

sims_m@cde.state.co.us

Kharis Eppstein - Field Analyst

(303) 866-6879

eppstein_e@cde.state.co.us

You may also send questions to:
Field Support Team audit@cde.state.co.us or

Jennifer Okes okes_j@cde.state.co.us