



COLORADO DEPARTMENT OF EDUCATION

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TO: Superintendents and Food Service Directors

DATE: May 12, 2009

SUBJECT: Family Economic Data Survey, Alternate Form for Schools **Not** Participating
In Federal Child Nutrition Programs – 2009-2010 School Year

The U.S. Department of Agriculture (USDA) has issued policy prohibiting the use of the Free and Reduced Price Meal Application for any other programs in schools that do not participate in the federal Child Nutrition Programs (National School Lunch or School Breakfast programs). This prohibition also includes the use of Direct Certification listings for districts that participate in that process for children in their participating schools.

Because there are other programs that link funding to free or reduced price meal eligibility (i.e., School Finance, Title 1), CDE has developed a prototype Family Economic Data Survey form that your district could adopt and use in schools as an alternate data collection instrument in schools that are not participating in the federal National School Lunch or School Breakfast programs.

Included with the form are instructions with sample language you may wish to use which explains the reasons for the form, as well as instructions for completion, to be distributed to parents of children in these non-participating schools. The intent of distributing the letter and form would be to encourage parents to complete the survey in order to qualify the school for other program funds or eligibility, as well as to provide the documentation CDE requires for the at-risk element of school finance.

The use of this prototype form is optional and is to be used only in schools not participating in the federal Child Nutrition Programs. The district's Food Service fund cannot be used for any processing or maintenance of these alternate forms, as it is an unallowable cost for Child Nutrition programs. Other district resources must be used. If the district wishes to have food service personnel process the surveys, the Food Service fund must be reimbursed for the cost of this processing.

Attachment C, the full family size and income guidelines chart, is to be used only by the district official responsible for processing the Family Economic Data Survey forms. It cannot be distributed to parents per USDA requirements. Families should only be provided with the income chart in the prototype instruction. Contact your district food service director for a copy of the full 2009-2010 Guidelines.

Districts are responsible to ensure that the data collection complies with all applicable state and federal confidentiality rules.

Questions regarding the use of this Survey for School Finance purposes should be directed to Vody Herrmann at 303.866.6845. Questions regarding CDE audits of this survey for school finance should be directed to the Auditing Unit at 303.866.6880. Questions regarding this survey and its appropriate interaction with the Child Nutrition programs should be directed to Herminia Vigil at 303.866.6661. All other questions should be directed to the appropriate programs for which the data is being used.

Enclosures: 2009-2010 Family Economic Survey
Attachment A: Parent/Guardian Instructions
Attachment B: Determining Official Instructions
Attachment C: Income Eligibility Guidelines – District Use Only
(Not available on web site, per USDA requirements)
2009-2010 Family Economic Survey Form

**2009-2010 FAMILY ECONOMIC DATA SURVEY
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

INSTRUCTIONS

This survey is used by the _____ School District to maximize available funding from state and federal sources, as well as to provide certain other benefits that may be available for your child. In many cases, the eligibility for these funds and programs is linked to whether or not your child is currently eligible for free or reduced price meals in the federal School Lunch (and Breakfast) programs.

_____ School does not participate in the federal School Lunch or Breakfast programs. For this reason, we are asking that you complete the attached survey as an alternate means of qualifying your child's school for state and federal programs that will provide much needed funding. Additionally, this may also qualify your child for certain other benefits. (optional: describe)

Complete one survey for each child you have at this school if:

- Your household size and income are within the limits on the Income Chart below, or
- Your family receives SNAP benefits (Supplemental Nutrition Assistance Program, formerly the Food Stamp Program), or
- You have a foster child.

Income Chart			
Household Size	Annual	Monthly	Weekly
1	\$20,036	\$1,670	\$ 386
2	\$26,955	\$2,247	\$ 519
3	\$33,874	\$2,823	\$ 652
4	\$40,793	\$3,400	\$ 785
5	\$47,712	\$3,976	\$ 918
6	\$54,631	\$4,553	\$1,051
7	\$61,550	\$5,130	\$1,184
8	\$68,469	\$5,706	\$1,317
For each additional member add....	+ 6,919	+ 577	+ 134

**2009-2010 FAMILY ECONOMIC DATA SURVEY
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

Instructions, Page 2

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, follow these instructions:

- Part 1:** List your child's name, grade, and a SNAP case number (not your Quest Card number).
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form.

If your child is a FOSTER CHILD, follow these instructions:

- Part 1:** List the child's name and grade.
- Part 2:** List the child's personal use monthly income, if any.
- Part 3:** Skip this part.
- Part 4:** Sign the form.

ALL OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** List child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from last month.
 - Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children not listed in Part 1. Attach another sheet of paper if you need to.
 - Columns 2 & 3–Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.
 - Column 4–Check if no income:** If the person does not have any income, check the box.
- Part 4:** An adult household member **must** sign the form.

INCOME TO REPORT:

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Welfare/Child Support/Alimony

- Public assistance payments
- Welfare payments
- Alimony/child support payments

Other Income

- Disability benefits
- Cash withdrawn from savings
- Interest/Dividends
- Income from Estates/Trusts/Investments
- Regular contributions from people not living in the household
- Net royalties/annuities/net rental income
- Any other income

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's payments
- Social Security

**2009-2010 FAMILY ECONOMIC DATA SURVEY
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

PROCESSING INSTRUCTIONS FOR DISTRICT DETERMINING OFFICIAL

The procedures for processing the Family Economic Data Survey are similar to those for a free or reduced price meal application, and utilize much of the same eligibility criteria. It is important to note that while similar, this survey does not substitute for an official meal benefit application, and families should not be led to believe that completion of the form will result in meal benefits for their child. If this form is used to document eligibility for state or federal program funding, it will be subject to audit by CDE and other program officials. Failure to process and document correctly may result in a finding, and subsequent denial and/or recovery of funds.

1. Student Information: Check that the information is accurate, and can be linked to a child enrolled at the particular school.

SNAP Case Number (formerly the Food Stamp Program): List the SNAP case number next to the child's name (a child must be considered a member of the household as established by the Supplemental Nutrition Assistance Program), the child is considered "free eligible." The SNAP Case Number is a seven (7) digit alpha-numeric number. All other number configurations are not valid. The parent/guardian simply needs to sign the application. No other information is needed. The 16-digit number from their Quest EBT card is not sufficient.

2. Foster Child: If the child is a foster child, legally placed by the court, the child should be considered a family size of one, with any in-pocket money the child has to personally spend as his/her income. The foster parent should not list their other children as household members. Also, the foster parent should not list other foster children as household members. Compare to the family size and income chart, and ensure that the foster parent/guardian has signed the form. These children are typically "free eligible."
3. Total Household Income: If the household cannot be qualified by method #1 (SNAP Case #) or #2 (Foster Child) above, the family must list the members of the household, and the gross income earned by each. Sum the total income for the family, using the conversion factors at the bottom of the form as necessary, and determine the total family size from sections #1 and #3. Compare the family size and income on the form to the full Family Size and Income chart (Attachment C), and note the eligibility status ("F" or "R") in the box at the bottom of the form. The parent/guardian must also sign the form.

It is important that the Determining Official's signature appears on the form, as well as the date of processing. If the form becomes inactive due to student withdrawal or change in eligibility status, note that on the form also. Maintain these forms and any supporting documentation on file as long as required by the program utilizing the data.

Refer also to the instructions for the parents for further guidance.

**2009-2010
INCOME ELIGIBILITY GUIDELINES**

(Effective July 1, 2009 to June 30, 2010)

FOR SCHOOL USE ONLY. DO NOT DISTRIBUTE TO PARENTS.

**NOT AVAILABLE ON THE WEB SITE. FOR A COPY OF THE INCOME ELIGIBILITY
GUIDELINES CONTACT THE DISTRICT FOOD SERVICE DIRECTOR.**

**2009-2010 FAMILY ECONOMIC DATA SURVEY FORM
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

School _____

Last name(s) of family

Mailing Address, City, Zip Code

Telephone Number

INSTRUCTIONS: Please complete a separate survey for each of your children attending this school. Complete the information, sign your name, and return the survey to the school. Completion of this survey is voluntary, but may assist the school in receiving additional State/Federal funding, or other benefits for your child.

1. STUDENT INFORMATION: PRINT the child's name and grade. (If appropriate list the SNAP case number.)

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	GRADE	SNAP Case # (if any). Skip to Part 4 if you list a SNAP case number

2. Foster Child, check here: []

If this is a child who is the legal responsibility of a welfare agency or **court**, list the amount of the **child's** personal use monthly income: \$_____ (Write "0" if the child has no personal use income); **Skip to Part 4.**

3. Total Household Income from Last Month - List last month's gross income and how often it is received.

Example: \$100/monthly \$100/twice a month \$100/weekly

NAME (List everyone in household)	Earnings from work before deductions	Other	Check if NO income
	\$_____/_____	\$_____/_____	[]
	\$_____/_____	\$_____/_____	[]
	\$_____/_____	\$_____/_____	[]
	\$_____/_____	\$_____/_____	[]

4. Signature (Adult MUST sign) - An adult household member must sign the survey.

Sign here: X _____ Date _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school may get State or Federal funds based on the information I give. I understand that school officials may verify (check) the information.

Do not fill out this part. This is for school use only:

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Eligibility: Yes _____ (Type _____) SNAP: _____ Date Withdrawn: _____ Declined survey _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____