Apply online at [**[Insert**](http://www.abcdefgh.edu/) **Webpage]**

**[Insert District Name] 2017-2018 Family Economic Data Survey**

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

Foster Head

Child Start Runaway Homeless Migrant

Birth Date

M M D D Y Y

**STEP 1**

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

Grade

No Income

MI

Student’s Last Name

Student’s First Name

Check all that apply. Read **How to Apply for Free and Reduced Price School Meals** for more information.

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**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.**

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FDPIR Case Number

SNAP Case Number

TANF Case Number

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

How Often?

Today’s Date

Printed First and Last Name of Signer

**SIGNATURE** of Adult Household Member

Phone

Email Address

Zip Code

CO

City

Apt. # or Lot #

*“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.”*

**Total Household Members** (Students’ and Adults)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
|  |

**$**

**$**

**$**

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|  |  |  |  |  |
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| Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
|  |

**$**

**$**

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**$**

Earnings from Work

**Names of Other Household Members** (First and Last)

Student Income

$

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
|  |

1. **Student Income**

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

1. **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.

How Often?

How Often?

How Often?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
|  |

Public Assistance/

Child Support/Alimony

Pensions/Retirement/

All Other Income

Mailing Address or PO Box

**STEP 5 Release of Information**

The information provided on this application 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 are eligible to receive free or reduced price meals 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.*

Medicaid/SCHIP

List Specific Program

Do **NOT** share my information with any programs

Do not share my information with the programs I have checked:

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** |
| Application 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 | Application Status:Approved - Free ReducedDenied - Over Income Guidelines Incomplete/Missing: Notes:  |
| Determining Official Signature: Approval/Denial Date: Notification Sent: |