

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 state funding to which it is entitled based on the population of students served by the school district.

Student Information: 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
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

Income Information: List <u>ALL</u> 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 (<u>income before taxes and other deductions</u>) and check the appropriate box to indicate the frequency for each source.		
Household Member Names: Last, First	Source of Income	Total Income
		\$_____ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		\$_____ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		\$_____ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		\$_____ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		\$_____ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		\$_____ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		\$_____ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income

Household Members: List the total number of members in the household. Total Household Members: _____	Assistance Programs: If any 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, list the current case number and the name of the household member. Case Number: _____ Name of Person Who Receives Benefits: _____
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Signature: An adult household member <u>MUST</u> 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: _____ Sign Here: _____ Date: _____

FOR 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 ☐ Monthly ☐ Annually Household Size: _____ Eligibility: Free _____ Reduced: _____ Denied: _____	☐ Income ☐ Categorically Eligible Application Number: _____ Determining Official's Signature: _____ Date: _____

**2015-2016 FAMILY ECONOMIC DATA SURVEY
PARENT/GUARDIAN INSTRUCTIONS**

This application form will be used by the school district to determine whether the school is eligible for additional state funding on behalf of the student. By filling out this form, parents are ensuring that the school district will receive the additional state funding to which it is entitled based on the population of students serviced by the school district. These funds will be used to better serve the school district's students. Additionally, this may also qualify your child for certain other benefits, including the potential waiver of school fees.

FOLLOW THESE INSTRUCTIONS TO QUALIFY YOUR HOUSEHOLD BASED UPON INCOME:

- Student Information: List all students; indicate school and grade for each student. Check the appropriate box if applicable.
- Income Information: Note: Income can be from the previous month, this month, or your projected income for next month.
 - Names: 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 living with you not listed in the Student Information section. If any children listed in the Student Information section have income, they should be limited with corresponding income. Do not include students listed in the student information section unless the student has a source of income. Attach another sheet of paper if necessary.
 - Source of Income: List source of income such as work, alimony, child support, unemployment, pension, retirement, social security, supplemental security income, veteran's benefits, etc.
 - Total Income: List gross income (income before taxes and other deductions). Check the appropriate box indicating how often the income was received. If a member has no income, check the appropriate box to indicate this.
- Household Members: List the total number of members in the household.
- Signature: Print name, sign and date the form.

FOLLOW THESE INSTRUCTIONS IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) OR FDPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), OR TANF-BCA (TEMPORARY AID TO NEEDY FAMILIES – STATE DIVERSION OR BASIC CASH ASSISTANCE):

- Student Information: List all students; indicate school and grade for each student. Check the appropriate box if applicable.
- Assistance Programs: List the name of the household member receiving the benefit, and list the case number.
- Signature: Print name, sign and date the form.

FOLLOW THESE INSTRUCTIONS IF YOU ARE APPLYING FOR A FOSTER, MIGRANT, HOMELESS, OR RUNAWAY CHILD:

- Student Information: List all students; indicate school and grade for each student. Check the appropriate box if the student is Homeless, Migrant or Runaway.
- Signature: Print name, sign and date the form