

DOUGLAS COUNTY SCHOOL DISTRICT 2019-2020 Family Economic Data Survey

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

STEP 1 List all student's attending Douglas County School District (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	No Income	Birth Date					Grade	Check all that apply. Read Federal Economic Data Survey Application Instructions for more information.	Foster Child	Head Start	Runaway	Homeless	Migrant
				M	M	D	D	Y							

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.

SNAP Case Number: TANF Case Number: FDPIR Case Number:

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

A. Student Income

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

Student Income: \$

How Often? Weekly Bi-Weekly 2x Month Monthly Annually

B. 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.

Names of Other Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/Child Support/Alimony	How Often?					Pensions/Retirement/All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
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Total Household Members (Students' and Adults)

STEP 4 Contact information and adult signature. Mail signed and completed application to: DGSD Nutrition Service, 2812 N. SH 105 Highway, Castle Rock, CO 80109

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box: Apt. # or Lot #: City: CO: Zip Code: Email Address:

Phone: SIGNATURE of Adult Household Member: Printed First and Last Name of Signer: Today's Date:

STEP 5 Release of Information

The information provided on this survey 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 qualify 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.

Do NOT share my information with any programs

Do not share my information with the programs I have checked: Medicaid/SCHIP School Fees (athletic and book fees)

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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

Survey 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

Survey Status:

Approved - Free Reduced

Denied - Over Income Guidelines Incomplete/Missing: _____

Notes: _____

Determining Official Signature:

Approval/Denial Date:

Notification Sent: