



COLORADO DEPARTMENT OF EDUCATION

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Commissioner of Education

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Deputy Commissioner

TO: Superintendents and Food Service Directors

DATE: June 20, 2011

SUBJECT: Family Economic Data Survey, Alternate Form for Schools **Not** Participating
In Federal Child Nutrition Programs – 2011-2012 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.

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 Leanne Emm 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. All other questions should be directed to the appropriate programs for which the data is being used.

Enclosures: 2011-2012 Family Economic Survey
 Attachment A: Parent/Guardian Instructions
 Attachment D: 2011-2012 Family Economic Survey Form Instructions and
 Application

Attachment A

**2011-2012 FAMILY ECONOMIC DATA SURVEY
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

INSTRUCTIONS

This survey is used by the Jefferson County Public 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.

Jeffco's 21st Century Virtual Academy 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 such as a loaner laptop computer and/or internet access reimbursement.

Complete one survey per household at this school if:

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

Income Chart			
<u>Household Size</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
For each additional family member add:	\$ 7,067	\$589	\$136

2011-2012 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, and return the application to the school.

Part 1. Student Information. List all students attending [School District Name]; 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.				Student income; please provide income information for all students. This is income that is received by the student only.			
Last Name, First Name	School	Grade	Foster Child	No Income	Earnings from work before deductions, or unemployment	Welfare, child support	Social Security and Other
			<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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

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. If any of the students you are applying for are homeless, migrant, or runaway, please call [your school, homeless liaison, migrant coordinator at #]. To be eligible for meal benefits as soon as possible, please continue to complete this application.

Part 4. List all household members not listed above		List all current gross income and check how often it was received.			
Name	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security	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

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)
An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, 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: _____

Reason: _____ Categorical Eligibility: _____ Temporary Free: _____ Expires after 45 days on: _____ Withdrawn Date: _____

Determining Official's Signature: _____ Date: _____

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) OR FDPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

Part 1: List all students; indicate school and grade for each student.

Part 2: List the name of the household member receiving the benefit, and list the case number.

Part 3: Skip this part

Part 4: Skip this part

Part 5: If you do not want your information shared with Medicaid or SCHIP, check this box.

Part 6: Sign the form.

If you are applying for a MIGRANT, HOMELESS, OR RUNAWAY CHILD, please call Jeffco's Virtual Academy at 303-982-6770. Indicating homeless, migrant, or runaway on this application DOES NOT qualify the student for meal benefits; the coordinator must be contacted.

To be eligible for meal benefits as soon as possible, please apply with income information following the steps outlined below.

IF YOU ARE APPLYING FOR A FOSTER CHILD OR MULTIPLE FOSTER CHILDREN ONLY FOLLOW THESE INSTRUCTIONS:

Part 1: List all students; indicate school and grade for each student. Check the foster check box for each foster child.

Part 2: Skip this part

Part 3: Skip this part

Part 4: Skip this part

Part 5: If you do not want your information shared with Medicaid or SCHIP, check this box.

Part 6: Sign the form.

FOR ALL OTHER HOUSEHOLDS, INCLUDING WIC AND HOUSEHOLDS THAT HAVE FOSTER CHILD(REN) LIVING WITH THEM ALONG WITH NON-FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

Part 1: List each child's name, school, and grade. If the child is a foster child, check the foster box. For all students listed, please indicate income information including source and frequency of pay, or indicate no income.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report all household income. Income can be from the previous month, this month, or your projected income for next 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 living with you not listed in Part 1. Attach another sheet of paper if you need to.

Column 2-Check if no income: If the person does not have any income, check the box.

Column 3-6 Gross income and how often it was received: Next to each person's name, list each type of income received and how often it was received.

Earnings from work: example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**

Additional Income Sources: List the total amount each person received from **all other sources**. For example: If you receive \$500.00 monthly for child support, please record \$500.00 in the income blank and mark the monthly check box.

Other Income: Report net income for self-owned business, farm, or rental income. Next to the amount, check how often the person receives it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Part 5: If you do not want your information shared with Medicaid or SCHIP, check this box.

Part 6: 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

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

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