

DOUGLAS COUNTY SCHOOL DISTRICT 2020-2021 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	Foster Child	Head Start	Runaway	Homeless	Migrant
				M	M	D	D	Y						

Check all that apply. Read Federal Economic Data Survey Application Instructions for more information.

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
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					
	\$						\$						\$					

Total Household Members (Students' and Adults)

STEP 4 Contact information and adult signature. Mail signed and completed application to: Susan.Babineau@desdk12.org or DCSD NS, 2812 N SH 85 Bldg. E, C.R., 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

OPTIONAL

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

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

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for **food stamps**
- Referrals to **food pantries** and free meals
- Get information on child and senior **nutrition programs**

Food Resource Hotline

CALL US TODAY! STATEWIDE, TOLL-FREE **855-855-4626**

METRO DENVER **720-382-2920**

¿NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las **estampillas de comida**
- Derivaciones a **bancos de comida** y comidas gratis
- Obtenga información sobre **programas de nutrición** para niños y ancianos

Línea Directa de Recursos de Comidas

¡LLÁMENOS HOY! LÍNEA ESTATAL **855-855-4626**

METRO DENVER **720-382-2920**




HungerFreeColorado.org



Colorado PEAK is an online service for Coloradans to screen and apply for medical, food and cash assistance programs.

Visit coloradopeak.force.com to learn more.

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: <input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____ Household Income Frequency - <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Categorical Eligibility - <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> TANF <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway/Head Start	Application Status: Approved - <input type="checkbox"/> Free <input type="checkbox"/> Reduced Denied - <input type="checkbox"/> Over Income Guidelines <input type="checkbox"/> Incomplete/Missing: _____ Notes: _____	
Determining Official Signature:	Approval/Denial Date:	Notification Sent: