

**OPTIONAL 2009-10 FAMILY ECONOMIC DATA SURVEY
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

Last name(s) of family

Mailing Address, City, Zip Code

Telephone Number

INSTRUCTIONS: Please complete a separate survey for each of your children attending this school. Complete the information, sign your name, and return the survey to the school. Completion of this survey is voluntary, but may assist the school in receiving additional State/Federal funding, or other benefits for your child.

**1. STUDENT INFORMATION: PRINT the child's name, school and grade.
(Use a separate survey for each child)**

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	SCHOOL	GRADE

2. Food Stamp Case Number

(Do not list the 16-digit Quest number)
(If you listed a Food Stamp case number, Skip to Part 5)

3. Foster Child, check here: []

If this is a child who is the legal responsibility of a welfare agency or **court**, list the amount of the **child's** personal use monthly income:
\$ _____ (Write "0" if the child has no personal use income); **Skip to Part 5**

4. Total Household Income from Last Month - List last month's gross monthly income

NAME (List everyone in household not listed in Part 1)	Earnings from work before deductions	Other	Weekly/Monthly
		\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

5. Signature (Adult MUST sign) - An adult household member must sign the survey.

Sign here: X _____

Date _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school may get State or Federal funds based on the information I give. I understand that school officials may verify (check) the information.

Do not fill out this part. This is for school use only:

Monthly Income: _____ Household size: _____ FS: _____ Date Withdrawn: _____ Eligibility: Yes _____ (Type _____) No _____ Declined survey _____ Determining Official's Signature: _____ Date: _____	Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2
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Instructions

If your household gets FOOD STAMPS, follow these instructions:

- Part 1:** List your child's name, school, and grade.
- Part 2:** List your Food Stamp case number (not your Quest Card number).
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form.

If your child is a FOSTER CHILD, follow these instructions:

- Part 1:** List the child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** List the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form.

ALL OTHER HOUSEHOLDS, follow these instructions:

- Part 1:** List child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Skip this part.

Part 4: Follow these instructions to report total household income from last 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 not listed in Part 1. Attach another sheet of paper if you need to.

Column 2–Last month's income and how often it was received: List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: 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

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

Pensions/Retirement/Social Security

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