Do **NOT** share my information with any programs

rogram

Complete one survey per household. Please use a pen (not a pencil). of pap irade 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. **FDPIR Case Number SNAP Case Number TANF** Case Number STEP3 Report income for ALL household members (Skip this step if you provided a case number in STEP2) How Often? Student Income Weekly Bi-Weekly 2x Month Monthly Annually income. For each household member listed, if they do receive income, report TOTAL GROSS s) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you How Often? How Often? How Often? Pensions/Retirement/ Bi-Weekly 2x Month Monthly Annually Earnings from Work Bi-Weekly 2x Month | Monthly | Annually Bi-Weekly 2x Month | Monthly Annually All Other Income \$ \$ Total Household Members (Students' and Adults) Contact information and adult signature. Mail signed and completed application to: [Insert School/District Mailing Address] "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. Email Address Apt. # or Lot # City Zip Code 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.

Medicaid/SCHIP

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.	
Annual Income Conversion: 1	Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12
Survey Type:	Survey Status:
☐ Total Household Income: \$ Household Size:_	Approved - □Free □Reduced
Household Income Frequency - ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐	Monthly □Annually
	Denied - □Over Income Guidelines □Incomplete/Missing:
□Categorical Eligibility - □SNAP □FDPIR □TANF □Foster	
□Homeless/Migrant/Runaway/Head Start	Notes:
Determining Official Signature:	Approval/Denial Date: Notification Sent:
Determining Official Signature:	Approval/Denial Date: Notification Sent: