Support Your Child's School by Completing the Family Economic Data Survey form

Step-by-Step Instructions

Whether all students in your school are receiving no-cost meals or not, it is still important to fill out the Family Economic Data Survey form. It can help qualify your school for funding to support students. ***It also can help qualify some students for other benefits, such as not having to pay certain school fees.***

These instructions will help guide you through the steps. Complete only one form per household. Use a black or blue pen, not a pencil.

Step 1 List all children

- List first and last names of all children in your household. Providing their date of birth and grade is optional. If you need room to list additional children, use an extra sheet of paper and attach it to the application.
- Check the appropriate box for any Foster Child, Runaway, Homeless and/or Migrant student, or leave blank.
- If you receive benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works), and/or Food Distribution Program on Indian Reservations (FDPIR), list your case number from any one of these programs. Do not include your card or account number. ***If you list a case number for any of these benefits, go straight to STEP 3 (skip STEP 2). If you do not receive benefits from any of these programs, leave the case number section blank and go to STEP 2.***

Step 2 Report all household income (for students & adults)

To complete this section, you may want to keep the following information handy:

- Earnings statements or pay stubs from work
- Benefits statements such as those from Social Security or retirement accounts
- Other financial documents for any other sources of income

List all adult household members (including yourself) and their income. If an adult does not have any income, enter '0'. ***Also, list again in this section any students who receive income. Report gross income (total income before taxes and deductions).*** For examples of types of income to include in each of these categories, please see the bottom of these instructions.

Types of income to include:

1. **Earnings from work:** Report the total **gross income** for the period selected, not the hourly wage. Gross income is the total income before taxes or other deductions (like health insurance premiums) are subtracted. For example, if you are paid $500 in gross income every two weeks, write $500 in the income field and check the "every 2 weeks" box. If you do not normally receive overtime pay, do not report it.
2. **Public assistance/child support/alimony:** List the total amount each person receives from child support, alimony, or public assistance programs other than SNAP, TANF/Colorado Works or FDPIR. For example, if you receive $500 per month in child support, write $500 in the field and check the "monthly" box.
3. **Pensions/retirement/all other income:** Report net income for a self-owned business, farm, or rental income. Report gross income for pension or retirement income. Next to the amount, check how often the person receives it. Do not include any Military Housing Privatization Initiative allowance.

List total household members. Add all the students you listed in **STEP 1** plus all the adults listed in **STEP 2 and enter that number in the "Total Number of Household Members" space.**

Step 3 Signature & contact information

Provide your contact information, print your first and last name, sign and date.

Step 4 Release of information

The information you provide on this form may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If you do NOT want your information shared with Medicaid/SCHIP, check that box. Check the "yes" box if you DO want your information shared with other programs for which you might qualify. You may have fees waived for certain exams or books if you qualify.

Return the completed form to your Two Roads campus no later than September 19, 2025. You will receive one hour of service hour credit for returning this form by the deadline.

What types of income must be reported in Step 2?

See examples below.

Examples of student income

- Earnings from work
- Social Security, disability, or survivor's payments
- Any other type of income regularly received

Earnings from work

- Wages, salaries, and tips
- Strike benefits
- Unemployment compensation
- Worker's Compensation
- Net income from a self-owned business or farm

Public assistance/child support/alimony

- Public assistance payments
- Welfare payments
- Alimony payments
- Child support payments
- Social Security benefits

Pensions/retirement/all other income

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran benefits
- Social Security
- Disability benefits
- Cash regularly withdrawn from savings
- Interest and dividends
- Income from estates, trusts, and investments
- Regular contributions from people not living in the household
- Net royalties, annuities, and rental income
- Any other regularly received income, whether federally recognized or not must be reported

2025 -2026 Family Economic Data Survey

Jeffco Public Schools

Two Roads Arvada or Littleton

Complete one form per household. Use a black or blue pen (**NOT** a pencil). See the **Step-By-Step** Instructions for more information.

STEP 1: List all infants, children and students through grade 12 (If you need more space, attach an additional sheet).

Child First Name	MI	Child Last Name	Birth Date (MM/DD/YY)	Grade	Foster Child	Runaway	Homeless	Migrant

Check all that apply. Refer to instructions for info on categories.

Do any household members receive SNAP, TANF/CO Works, or FDPIR benefits? If **YES**, list case number and go to STEP 3.

Case #

If NO, go to STEP 2.

STEP 2: Report income for all household members, including students.

List all adults in your household. Report their **total gross income**. If an adult does not have income, write zero (0). Add students in your home that receive income. See instructions for more information.

First and last name of household members	**Earnings from work**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	**Public Assistance/Child Support/ Alimony**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	**Pensions/ Retirement/All other income**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually
	$						$						$					
	$						$						$					
	$						$						$					
	$						$						$					
	$						$						$					

Total Number of Household Members (All children and adults that live in your home)

STEP 3: Signature and Contact Information.

"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 | City | State | Zip Code | Email Address

Home or Cell Phone Number | SIGNATURE of Adult Household Member (Required)

Printed First and Last Name of Signer | Today's Date

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STEP 4: 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 or district for the purpose of waiving certain school/district program fees that your children might otherwise be required to pay. The school or district is not permitted to share your information with anyone else. You are not required to consent to the release of your information, and 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 information with Medicaid/SCHIP

Share my information with the following programs I've checked:

☐ Advanced Placement (AP) Exam and/or AP Book Fees ☐ List Specific Program

☐ Accelerate College Opportunity Exam and/or Book Fees ☐ List Specific Program

Return completed application to: Two Roads, 6980 Pierce St, Arvada, CO 80003

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

Form Type

☐ Total Household Income: $ _____ Household Size _____

Household Income Frequency ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly ☐ Annually

☐ **Categorical Eligibility**

☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster ☐ Homeless/Migrant/Runaway/Head Start

Form Status

Approved ☐ Free ☐ Reduced

Denied ☐ Over Income Guidelines ☐ Incomplete/Missing _____

Notes:

Determining Official Signature: _____ **Approval / Denial Date:** _____ **Notification Sent:** _____

Note: All types of income must be combined in total household income, not just earnings from work.