Family Economic Data Survey Instructions

If you or someone in your household receives SNAP (Supplemental Nutrition Assistance Program, TANF/CO Works (Temporary Assistance for Needy Families; State Diversion or Basic Cash Assistance) or FDPIR (Food Distribution Program on Indian Reservations), follow the instructions listed below:

**STEP 1:** List all students’ first and last names. Check the box if student does not have income. Optional: Provide date of birth and grade.

**STEP 2:** List a case number if you or someone in your household participates in SNAP, TANF or FDPIR.

**STEP 3:** Skip this step.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children’s Racial and Ethnic Survey on the back of the survey.

---

If you are applying for a Foster Child, a student that qualifies for your district’s Head Start program, or is a Runaway, Homeless, or Migrant student, follow the instructions listed below:

**STEP 1:** List all students’ first and last names. Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box to indicate whether the student is a Foster Child, Head Start participant, Runaway, Homeless, or Migrant.

**STEP 2:** Skip this step.

**STEP 3:** Skip this step.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children’s Racial and Ethnic Survey on the back of the survey.

---

If you are applying based on income eligibility or you are applying based on income and another categorical eligibility (i.e. Foster Child, Head Start, Runaway, Homeless or Migrant), follow the instructions listed below:

**STEP 1:** List all students’ first and last names. Check the box if student does not have income. Optional: Provide date of birth and grade.

Check the appropriate box to indicate whether the student is a Foster Child, Head Start participant, Runaway, Homeless, or Migrant.

**STEP 2:** Skip this step.

**STEP 3:** Skip this step.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children’s Racial and Ethnic Survey on the back of the survey.

---

**A. Student Income:** Report the combined gross income (before taxes and other deductions) for ALL students listed in Step 1 in your household in the box marked “Student Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Refer to “Sources of Income for Students” below.

**B. All Other Household Members (including yourself):** Print the name of each household member in the boxes marked “Names of Other Household Members.” Do not include people who live with you but are not supported by your household’s income and do not contribute income to your household. Do not list any household members listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

**C. Report Gross Income (total income before taxes and deductions) for each Household Member:**

- **Earnings from work:** See “Earnings from Work” below. For example, if a household member is paid $500.00 bi-weekly, please that amount in the income blank and mark the bi-weekly check box. If you do not normally receive overtime pay, do not include it as part of your reported income.

- **Income from Public Assistance/Child Support/Alimony:** See “Public Assistance/Child Support/Alimony” below. List the total amount each person received from any public assistance programs (do not include income from SNAP, TANF, or FDPIR), child support or alimony. 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.

- **Pensions/Retirement/All Other Income:** See “Pensions/Retirement/All Other Income” below. Report net income for 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. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Report total household members. The total must equal the count of all names listed on the survey.

**STEP 4:** Sign the survey. Optional: Provide contact information for purposes of receiving eligibility notification.

**STEP 5:** If you do not want your information shared with Medicaid/SCHIP and/or school/district programs, you must complete this step.

Optional: Complete the Children’s Racial and Ethnic Survey on the back of the survey.
Sources of Income to Report:

### Sources of Income for Students:
- Earnings from work
- Social Security – Disability or Survivor’s payments
- Any other type of regularly received income

### Earnings from Work:
- Wages/salaries/tips
- Strike benefits
- Unemployment Compensation
- Worker’s Compensation
- Net income from self-owned business or farm

### Public Assistance/Child Support/Alimony:
- Public assistance payments
- Welfare payments
- Alimony payments
- Child support payments

### Pensions/Retirement/All Other Income:
- Pensions
- Supplemental Security Income
- Retirement income
- Veteran’s benefits
- Social Security
- Disability benefits
- Cash regularly withdrawn from savings
- Interest/Dividends
- Income from Estates/Trusts/Investments
- Regular contributions from people not living in the household
- Net royalties/annuities/rental income
- Any other regularly received income