

**2010-2011 FAMILY ECONOMIC DATA SURVEY FORM
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

School _____

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 and grade. (If appropriate list the SNAP case number.)

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	GRADE	SNAP Case # (if any). Skip to Part 4 if you list a SNAP case number

2. 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 4.**

3. Total Household Income from Last Month - List last month's gross income and how often it is received.

Example: \$100/monthly \$100/twice a month \$100/weekly

NAME (List everyone in household)	Earnings from work before deductions	Other	Check if NO income
	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	
	\$ _____ / _____	\$ _____ / _____	

4. 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:

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Eligibility: Yes _____ (Type _____) SNAP: _____ Date Withdrawn: _____ Declined survey _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____