



**2011-2012 FAMILY ECONOMIC DATA SURVEY
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY
(to be submitted between July 1, 2011 – October 31, 2011)**

INSTRUCTIONS

This survey is used by Adams 12 Five Star Schools to maximize available funding from state and federal sources, as well as to provide certain other benefits that may be available for your child. In many cases, the eligibility for these funds and programs is linked to whether or not your child is currently eligible for free or reduced price meals in the federal School Lunch (and Breakfast) programs.

Colorado Virtual Academy does not participate in the federal School Lunch or Breakfast programs, for that reason, we are asking that you complete the attached survey as an alternate means of qualifying your child’s school for state and federal programs that will provide much needed funding. Additionally, this may also qualify your child for certain other benefits.

Complete one survey per student at COVA if:

- Your household size and income are within the limits on the Income Chart below, or
- Your family receives SNAP benefits (Supplemental Nutrition Assistance Program, formerly the Food Stamp Program), or
- You have a foster child.

| Household Size | Income Chart | | |
|---------------------------------------|--------------|---------|---------|
| | Yearly | Monthly | Weekly |
| 1 | \$20,147 | \$1,679 | \$ 388 |
| 2 | \$27,214 | \$2,268 | \$ 524 |
| 3 | \$34,281 | \$2,857 | \$ 660 |
| 4 | \$41,348 | \$3,446 | \$ 796 |
| 5 | \$48,415 | \$4,035 | \$ 932 |
| 6 | \$55,482 | \$4,624 | \$1,067 |
| 7 | \$62,549 | \$5,213 | \$1,203 |
| 8 | \$69,616 | \$5,802 | \$1,339 |
| For each additional member add.... | + 7,067 | + 589 | + 136 |

2011-2012 Family Economic Data Survey

For alternate Funding/ Eligibility

Last Name(s) of Family

Property Mailing Address, City, Zip Code (Not a PO Box)

Telephone Number

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return the application to the school.

| | | | | | | | |
|---|--------|-------|--|---------------------------------------|---|--|---|
| Part 1. Student Information. List student attending Colorado Virtual Academy ; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. | | | | | Student income; please provide income information for student. This is income that is received by the student only. | | |
| Last Name, First Name | School | Grade | Foster Child <input type="checkbox"/> | No Income <input type="checkbox"/> | Earnings from work before deductions, or unemployment \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month | Welfare, child support \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month | Social Security and Other \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month |

| | |
|--|--|
| <p>Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)</p> <p>Name: _____ Case Number: _____</p> | <p>Part 3. If the student you are applying for is homeless, migrant, or runaway, please call Adelita Sandoval 303-255-4650 x112.</p> |
|--|--|

| | | | | | |
|--|---|---|---|---|---|
| Part 4. List all household members not listed above | List all current gross income and check how often it was received. | | | | |
| Name | No Income <input type="checkbox"/> | Earnings from work before deductions, or unemployment \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month | Welfare, child support, alimony \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month | Pensions, retirement, Social Security \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month | Other \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month |
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Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information.

Your information WILL be shared unless you check the box below.

Please do NOT share my information with the Medicaid or SCHIP offices.

Part 6. INFORMATION RELEASE

YES NO Release my student's name to school officials for possible fee waivers.

Part 7. Signature and Social Security Number: (Adult **MUST** sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only):** XXX - XX - _____ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Sign here: X _____ Date: _____

*****Do Not Write Below This Line. District Use Only.*****

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Total Income: _____ Per Week, Bi-Weekly, 2x/Month, Month, Year Household size: _____

Eligibility: Yes _____ Type: _____

Determining Official's Signature: _____ Date: _____ Student ID: _____ Family ID: _____ IC ID: _____

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM OR FDPIR (FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List student; indicate school and grade for student.
- Part 2:** List the name of the household member receiving the benefit, and list the case number.
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

If you are applying for a MIGRANT, HOMELESS, OR RUNAWAY CHILD, please call Adelita Sandoval, 303-255-4650 x112. Indicating homeless, migrant, or runaway on this application DOES NOT qualify the student for meal benefits; the coordinator must be contacted.

IF YOU ARE APPLYING FOR A FOSTER CHILD ONLY FOLLOW THESE INSTRUCTIONS:

- Part 1:** List student; indicate school and grade for student. Check the foster check box for foster child.
- Part 2:** Skip this part
- Part 3:** Skip this part
- Part 4:** Skip this part
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Sign the form. The last four digits of the social security number are NOT required.

FOR ALL OTHER HOUSEHOLDS, INCLUDING WIC AND HOUSEHOLDS THAT HAVE FOSTER CHILD(REN) LIVING WITH THEM ALONG WITH NON-FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List child's name, school, and grade. If the child is a foster child, check the foster box. For student listed, please indicate income information including source and frequency of pay, or indicate no income.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report all household income. Income can be from the previous month, this month, or your projected income for next 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 living with you not listed in Part 1. Attach another sheet of paper if you need to.
 - Column 2–Check if no income:** If the person does not have any income, check the box.
 - Column 3–6 Gross income and how often it was received:** Next to each person's name, list each type of income received and how often it was received.
 - Earnings from work:* example: If you are paid \$500.00 bi-weekly, please record \$500.00 in the income blank and mark the bi-weekly check box. **Gross income is the amount earned before taxes and other deductions.**
 - Additional Income Sources:* List the total amount each person received from **all other sources**. 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.
 - Other Income:* Report net income for self-owned business, farm, or rental 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.
- Part 5:** If you do not want your information shared with Medicaid or SCHIP, check this box.
- Part 6:** Check "yes" to release your student's approval status to school officials for fee possible waivers.
- Part 7:** An adult household member must sign the form and provide the last four digits of his or her Social Security Number or mark the box if he or she does not have one.

INCOME TO REPORT:

| | | | |
|---|--|---|---|
| <p><u>Earnings from Work</u> Wages/salaries/tips Strike benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm</p> | <p><u>Welfare/Child Support/Alimony</u> Public assistance payments Welfare payments Alimony Child support payments</p> | <p><u>Pensions/Retirement/Social Security</u> Pensions Supplemental Security Income Retirement income Veteran's payments Social Security</p> | <p><u>Other Income</u> 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</p> |
|---|--|---|---|