Mountain Song Community School 2022-2023 Family Economic Data Survey

Complete one survey per household. Please use a pen (not a pencil).

STEP 1 List all student's attending Mountain Song Community School (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	No Income	Birth Date M M	Birth Date D D	Birth Date Y Y	Grade	Foster Child	Head Start	Runaway	Homeless	Migrant

Check all that apply. Read **Federal Economic 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.**

SNAP Case Number _____ TANF Case Number _____ FDPIR Case Number _____

STEP 3 Report income for ALL household members (Skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

Student Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Annually
$	○	○	○	○	○

B. All Other Household Members (including yourself)

List all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

Names of Other Household Members (First and Last)	Earnings from Work	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Public Assistance/ Child Support/Alimony	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Annually	Pensions/Retirement/ All Other Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Annually
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	○	$	○	○	○	○	○

Total Household Members (Students' and Adults) _____

STEP 4 Contact information and adult signature. Mail signed and completed application to: MSCS, 2904 W. Kiowa St., Colorado Springs, CO 80904

"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	Apt. # or Lot #	City	CO	Zip Code	Email Address

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.*

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

Do not share my information with the programs I have checked: ☐ Medicaid/SCHIP

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

Survey Type:
❑ Total Household Income: $_____ Household Size:_____
Household Income Frequency - ❑ Weekly ❑ Bi-Weekly ❑ 2x/Month ❑Monthly ❑Annually

❑Categorical Eligibility - ❑SNAP ❑FDPIR ❑TANF ❑Foster
❑Homeless/Migrant/Runaway/Head Start

Survey Status:
Approved - ❑Free ❑Reduced

Denied - ❑Over Income Guidelines ❑Incomplete/Missing:_____

Notes:_____

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