

# 2016-2017 Family Economic Data Survey

Complete one application per household. Please use a pen, do not use a pencil.

**Purpose:** This form will be used to determine whether the school district is eligible for additional funding on the behalf of the student(s) listed below. By filling out this form, you are helping to ensure that the school district receives additional state funding to which it is entitled based on the population of students served by the school district.

**STEP 1** List ALL Household Members who are infants, children and students up to and including grade 12 (if additional names are required, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for additional funding for the School District. Read **How to Complete Family Economic Data Survey** for more information.

Child's First Name	MI	Child's Last Name	Student?		Foster Child, Homeless, Migrant, Runaway	
			YES	NO		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3.      If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)      **Case Number:**

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) (if additional names are required, attach another sheet of paper)

Please read **How to Complete Family Economic Data Survey** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

**A. Child Income**  
 Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income                Weekly    Bi-Weekly    2x Month    Monthly

**B. All Adult Household Members (including yourself)**  
 List all 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 income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony				Pensions/Retirement/ All Other Income				
		Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	
<input type="text"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Total Household Members (Children and Adults)**     

**STEP 4** Contact information and adult signature

"I certify (promise) that all information on this application 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 Educational Programs funds, and that school officials may verify (check) the information. Specifically I understand the school district may get additional state funding based on the information I have provided. By signing below I agree that my child(ren)'s eligibility status may be shared for these specific purposes and as allowed by law without specific notice and/or consent.

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email
Printed name of adult completing the form		Signature of adult completing the form			Today's date