

West Work Montessori School/Jeffco School District 2020-2021 Family Economic Data Survey

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

STEP 1 - Fill in the information about your household members. If you have any requests for additional forms, check number 20 at the end of page 1.

Student's First Name	MI	Student's Last Name	Sex	Birth Date												Grade	Type of School	Special Education
				Year	Mo	Da	Yr	Mo	Da	Yr	Mo	Da	Yr	Mo	Da			

STEP 2 - If household members (including non-overall) participate in one of the following assistance programs SNAP, TANF, or FOPPI list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Colorado Works - Basic Cash Assistance or Basic Diversion, or Food Distribution Program on Indian Reservations (FDPIR). Provide case number and skip to Step 4.

STEP 3 - Report information for ALL household members (do not skip any people) (see instructions on page 1)

SNAP Case Number: _____ TANF Case Number: _____ FOPPI Case Number: _____

A. Student Income
Please include the TOTAL income, if any, received by all students listed above.

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 INCOME TAXES AND OTHER DEDUCTIONS for each source to which income is reported only. If they do not receive income from any source, write "0". If you enter "0" on this and other blank, you are certifying that there is no income to report.

Names of Other Household Members (do not list)	Gross Income		Deductions		Net Income		
	Year	Mo	Da	Yr	Mo	Da	Yr

Total Household Members (Student and Adult) _____

STEP 4 - Complete information on your program. Mail typed and completed application to: CHS, 3600 N. Cooper Ave., Lakewood, CO 80226.

Family provided the information on this form in the best of their knowledge. If your household has been contacted by the agency of Federal, State, and/or Local Income Program Desk and you enter "0" on any field, you are certifying that there is no income to report.

Student's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

STEP 5 - Release of Information
I hereby authorize the information on this form to be shared with the following agencies for the purpose of determining eligibility for the program and/or for the purpose of providing services to the program. I understand that the information on this form will be shared with the following agencies for the purpose of determining eligibility for the program and/or for the purpose of providing services to the program. I understand that the information on this form will be shared with the following agencies for the purpose of determining eligibility for the program and/or for the purpose of providing services to the program.

Do NOT share any information with any program. Medicaid/SNAP TANF SNAP FOPPI Other

Annual Income Conversion: Wealth x 52, B-Wealth x 26, 2 Times per Month x 24, Monthly x 12

Survey Type: Total Household Income, Monthly, Weekly, Bi-Weekly, Bi-Monthly, Quarterly, Annually

Approved: Yes No

Categorical Eligibility: SNAP, FOPPI, TANF, Other

Signature: _____ Date: _____