

STEP 1 List all student's attending Cripple Creek-Victor School District (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			Grade	Foster Child	Head Start	Runaway	Homeless	Migrant
				M	D	Y						

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				Public Assistance/Child Support/Alimony				Pensions/Retirement/All Other Income						
	Weekly	Bi-Weekly	2x Month	Monthly	Annually	Weekly	Bi-Weekly	2x Month	Monthly	Annually	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: P.O. Box 897, Cripple Creek-CO 80813

"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: _____ State: CO Zip Code: _____ Email Address: _____

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
 List Specific Program
 List Specific Program
 List Specific Program
 List Specific Program