

**OPTIONAL 2008-2009 FAMILY ECONOMIC DATA SURVEY  
FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY**

**Instructions**

**If your household gets FOOD STAMPS, follow these instructions:**

- Part 1:** List your child's name, school, and grade.
- Part 2:** List your Food Stamp case number (not your Quest Card number).
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form.

**If your child is a FOSTER CHILD, follow these instructions:**

- Part 1:** List the child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** List the child's personal use monthly income, if any.
- Part 4:** Skip this part.
- Part 5:** Sign the form.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

- Part 1:** List child's name, school, and grade.
- Part 2:** Skip this part.
- Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last 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 not listed in Part 1. Attach another sheet of paper if you need to.

**Column 2–Last month's income and how often it was received:** List the types of income your household got last month and how often you got them. *Employment income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often you got it (weekly, every other week, twice a month, or monthly). *Other Income:* List the total amount each person got last month from **all other sources**. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

**Column 3–Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member **must** sign the form.

**INCOME TO REPORT:**

**Earnings from Work**

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Worker's compensation  
Net income from self-owned business or farm

**Welfare/Child Support/Alimony**

Public assistance payments  
Welfare payments  
Alimony/child support payments

**Other Income**

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

**Pensions/Retirement/Social Security**

Pensions  
Supplemental Security Income  
Retirement income  
Veteran's payments  
Social Security

## 2008-09 FAMILY ECONOMIC DATA SURVEY FOR ALTERNATE PROGRAM FUNDING/ELIGIBILITY

School: \_\_\_\_\_

\_\_\_\_\_  
Last name(s) of family

\_\_\_\_\_  
Mailing Address, City, Zip Code

\_\_\_\_\_  
Telephone Number

**INSTRUCTIONS:** Please complete a separate survey for each of your children attending this school. Complete the information, sign your name, and return the survey to the school. Completion of this survey is voluntary, but may assist the school in receiving additional State/Federal funding, or other benefits for your child.

**1. STUDENT INFORMATION: PRINT the child's name, school and grade.**  
(Use a separate survey for each child)

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	SCHOOL	GRADE

**2. Food Stamp Case Number**

(Do not list the 16-digit Quest number)

(If you listed a Food Stamp case number, Skip to Part 5)

**3. Foster Child, check here: [ ]**

If this is a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income:

\$ \_\_\_\_\_ (Write "0" if the child has no personal use income); **Skip to Part 5**

**4. Total Household Income from Last Month - List last month's gross monthly income**

NAME (List everyone in household not listed in Part 1)	Earnings from work before deductions	Other	Weekly/Monthly
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**5. Signature (Adult MUST sign) - An adult household member must sign the survey.**

Sign here: X \_\_\_\_\_

Date \_\_\_\_\_

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school may get State or Federal funds based on the information I give. I understand that school officials may verify (check) the information.*

**Do not fill out this part. This is for school use only:**

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Monthly Income: \_\_\_\_\_ Household size: \_\_\_\_\_ FS: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Eligibility: Yes \_\_\_\_\_ (Type \_\_\_\_\_) No \_\_\_\_\_ Declined survey \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_