

INCOME SURVEY – ECONOMIC STATUS INFORMATION

2017-2018

This information is required for your child's school to receive federal dollars.

School _____

Part 1. List all children AT THIS SCHOOL – if all children listed below are foster children placed by a foster care agency or court, skip to Part 4 and sign this form. Please use ink.

| List the student's names. (last name, first, middle) | Local Student ID | Check (✓) if: | | | | |
|--|------------------|---------------|---------|----------|---------|-----------|
| | | Foster Child | Migrant | Homeless | Runaway | HeadStart |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

Part 2. Benefits – if any member of your household receives SNAP, FDIPIR or TANF, provide the Eligibility Determination Number (EDG) and skip to Part 4. If no one receives these benefits, go to Part 3.

Eligibility Determination Number (EDG): _____

Part 3. Total Household Gross Income - provide gross income for each person in the household and how often it is received using the following abbreviations: **A**-Annually **M**-Monthly **T**-Twice Per Month **E**-Every Two Weeks **W**-Weekly

| List the names of all household members. | Earnings from Work Before Deductions | Welfare, Child Support, Alimony | Pension, Retirement, Social Security, SSI, or VA Benefits | All Other Income | Check (✓) if no Income |
|--|--------------------------------------|---------------------------------|---|------------------|------------------------|
| Example: John Smith | \$ 221 / E | \$ 280.00 / M | \$ 99.00 / M | \$ 50.00 / T | |
| 1. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 2. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 3. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 4. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 5. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 6. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 7. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |

Part 4. Required Signature – An adult household member must sign this form.

*I certify (promise) that all information on this survey is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that this information is **only** used to report economic disadvantage information to the Texas Education Agency and may also be used to determine if a student qualifies for the Prekindergarten program.*

Signature: _____ Address: _____

Printed Name: _____ City/State/Zip: _____

Date: _____ Phone Number: _____

Last Four Digits of Social Security Number: _____ **OR** I do not have a Social Security Number

******* For School Use Only - Do Not Fill Out This Part ******* Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided. If converting income to annual, round only the final number--Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

Household Size: _____ Total Income: \$ _____ Per: Week Every 2 Wks Twice a Month Month Year

01-Direct Certification 99-Categorically Eligible (Homeless, Runaway, Foster, Migrant, Head Start or SNAP/TANIF(not directly certified)) 99-Economically Disadvantaged 00-Not Economically Disadvantaged or Declined Survey

School Representative Signature: _____ Date: _____

Keyed In: Initials/Date

Encuesta de Ingresos – Información de Estado Económico

Esta información es necesaria para la escuela de su hijo para recibir fondos federales.

2017-2018

Escuela _____

Parte 1. Niños EN ESTA ESCUELA – si todos los niños son en hogares de crianza, pase a la Parte 4 y firme la encuesta. Favor de usa pluma.

| Escriba el nombre de todos sus hijos en esta escuela . (apellido, primer nombre, segundo nombre) | ID (local) de estudiante | Marque (✓) si aplica: | | | | |
|--|--------------------------|-----------------------|----------|-------------|---------|-----------------------|
| | | En Hogar de Crianza | Migrante | Desamparado | en Fuga | Programa de HeadStart |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

Parte 2. Liste el número de grupo elegibilidad de la determinación (EDG) SNAP o TANF o FDPIR y pase a la Parte 4. Si no tiene estos beneficios, siga en la Parte 3.

Número de Grupo Elegibilidad de la Determinación. (EDG): _____

Parte 3. Miembros de la familia e ingresos antes de las deducciones del mes pasado. Por cada persona que recibe ingresos, escriba la cantidad que recibe y cada cuando la recibe: **A**-Anual, **M**-Mensuales, **T**-Dos veces/mes, **E**-Cada 2 semanas, **W**-Semanales

| Escriba los nombres de todos los que viven en la casa. | Ganancias del trabajo antes de las deducciones | Asistencia social, manutención de los hijos/ex-esposa | Pension, jubilacion, Seguro Social | Otro | Marque (✓) si NO recibe ingresos |
|--|--|---|------------------------------------|-----------------|---|
| Ejemplo: John Smith | \$ 221 / E | \$ 280.00 / M | \$ 99.00 / M | \$ 50.00 / T | |
| 1. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 2. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 3. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 4. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 5. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 6. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |
| 7. | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | \$ _____ / ____ | |

Parte 4. Firma – Un adulto debe firmar.

Certifico (prometo) que toda la información que indique en esta encuesta es verdadera y que declare todos los ingresos. Entiendo que los funcionarios escolares pueden verificar (chequear) la información. También entiendo que la información es utilizada para reportar estado económico y para determinar si estudiantes quilibran para el programa Pre kindergarten.

Firme aquí: _____ Domicilio Postal: _____

Nombre(letra de imprenta): _____ Ciudad/Estado/Zona: _____

Fecha: _____ Teléfono: _____

Últimos cuatro dígitos del número Seguro Social: _____ No tengo número de seguro social.

***** **Para Uso de la Escuela – No Llene Esta Parte** ***** Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided. If converting income to annual, round only the final number--Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12

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