

# Merit Academy 2021-2022 FAMILY ECONOMIC DATA SURVEY FOR FEE WAIVERS

Complete one application per household. Please use a black or blue pen (not a pencil).

## STEP 1 List ALL Students' attending Merit Academy (if more spaces are required for additional names, attach another sheet of paper)

Student's First Name	MI	Student's Last Name	Birth Date					Grade	Check all that apply. Read the Family Economic Data Survey Application Instructions for more information.					
			M	M	D	D	Y		Y	Foster Child	Head Start	Runaway	Homeless	Migrant

## STEP 2 If any household members (including you) currently receive assistance from any of the following 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?
\$ <input style="width: 40px;" type="text"/>	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/> Annually

### B. All Other Household Members (including yourself)

In the spaces below 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 (BEFORE TAXES AND OTHER DEDUCTIONS)** 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 that there is no income to report.

Names of All Other Household Members <small>(First and Last)</small>	Earnings from Work	How Often?					Public Assistance/ Child Support/Alimony	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<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="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<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="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input style="width: 95%;" type="text"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<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="radio"/>	\$ <input style="width: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Total Household Members

(Students' and Adults from Steps 1 and 3)

Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.

XXX-XX-

Check box if no SSN

## STEP 4 Contact information and adult signature. Please return completed application to the Merit Academy office

*"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 funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."*

	CO		
Mailing Address or PO Box	Apt. # or Lot #	City	Email Address
Home or Cell Phone Number	SIGNATURE of Adult Household Member (Required)		Printed First and Last Name of Signer
			Today's Date

## STEP 5 Release of Information

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced price meals this information may be shared with the school/district for purposes of waiving 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

SCHOOL USE ONLY. DO NOT WRITE BELOW THIS LINE.

**Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12**

Application Type:

Total Household Income: \$ \_\_\_\_\_ Household Size: \_\_\_\_\_  
Household Income Frequency -  Weekly  Bi-Weekly  2x/Month  Monthly  Annually

Categorical Eligibility -  SNAP  FDPIR  TANF  Foster  
 Homeless/Migrant/Runaway/Head Start

Application Status:

Approved -  Free  Reduced

Denied -  Over Income Guidelines  Incomplete/Missing: \_\_\_\_\_

Notes: \_\_\_\_\_

Determining Official Signature:

Approval/Denial Date:

Notification Sent: