COLORADO
Department of Education
School Finance and
Operations Division

At-Risk Count
2015
Resource Guide

July 2015

Division of School Finance and Reporting - Field Analyst Support Team (FAST)
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Preface

- The 2015/2016 Pupil Enrollment Count Date is Thursday, October 1, 2015 unless the district has requested an alternative count date. It is recommended that district staff responsible for identifying the lunch eligibility status for its district students submitted in the Student October Count data submission confirm the pupil enrollment count date with the district pupil count coordinator.

- **Beginning in the 2015/2016 school year, all current year documentation evidencing free lunch eligibility must be <u>dated on or before the pupil enrollment count date</u> in order for the district to report a student as free lunch eligible in the Student October Count data submission.**

  In order to ensure inclusion of all possible free lunch eligible students in the at-risk count and maximize at-risk funding, it is recommended that the district's nutrition services unit run direct certification uploads monthly after each new file is available. Additionally, districts are encouraged to run a direct certification upload in July, August, September, and on the pupil enrollment count date, which is typically October 1. The October 1 upload is <u>in addition to</u> the October upload required by the Colorado Department of Education's Office of School Nutrition to support the child nutrition programs.

- **In the absence of current year documentation, the district may utilize carryover documentation evidencing free lunch eligibility if the pupil enrollment count date falls within the first 30 school days of the current year. For the school year 2015-2016, in the event a district is unable to use carryover documentation to evidence free lunch eligibility because the pupil enrollment count date does NOT fall within the first 30 school days, the district may request a variance waiver to extend the 30 school day requirement as it relates to the at-risk count <u>only</u>. Such a variance waiver will not impact the carryover provisions as it relates to the child nutrition program. All waiver requests for this purpose must be submitted in writing to the Commissioner of the Colorado Department of Education no later than September 15 and should outline the reason for the waiver.**

- The purpose of this resource guide is to provide helpful information to assist districts in preparing for their *at-risk count audit*. With the emergence of new technology capabilities, it is recommended whenever possible that districts retain their audit documentation in electronic format.

Overview

Each year all public school districts across the state of Colorado participate in the Student October Count data submission to the Colorado Department of Education (CDE). The purpose of this data collection is to obtain required student level data as provided for by state statute and board rule, including information regarding students' eligibility for at-risk funding as outlined in the Public School Finance Act of 1994 (Section 22-54-103 (1.5), C.R.S.) and the Rules for the Administration of the Public School Finance Act of 1994 (1 CCR 301-39-R-6.00). The Colorado Department of Education collects this data through the Data Pipeline with the Information Management Services (IMS) unit of CDE overseeing the collection.

For every student included in the district's Student October Count data submission, the district must report the student's free and reduced lunch eligibility status. Applicable codes are as follows:

- 0 = Not eligible/ Paid
- 1 = Free lunch eligible
- 2 = Reduced lunch eligible

While several factors come into play when determining a district's at-risk funding, of the three free and reduced lunch codes, only those students reported as free lunch eligible will be considered when determining a district's at-risk funding.

In an effort to ensure accurate reporting of those data fields associated with at-risk funding, the Field Analyst Support Team (FAST) of the Division of School Finance and Operations for the Colorado Department of Education conducts periodic compliance audits of each district's Student October Count data. The Field Analyst Support Team audits districts every one to four years, the frequency of which is determined by a number of factors including, but not limited to, the size and location of the district, as well as issues or concerns that might have arisen from prior audits.

During each at-risk count audit, the Field Analyst assigned to the audit will generate an at-risk sample for each year included in the audit. These samples generally include between 25 and 270 students for each year (depending on the total number of students reported as free lunch eligible), and will only include students who were submitted in the Student October Count data submission as free lunch eligible.

For the at-risk count audit, districts must retain all required documentation until audited by CDE or until five years from the certification due date (Nov. 10), whichever comes first. Special provision schools must retain base year direct certification data and applications for up to 8 years in order to ensure documentation for those students identified as free lunch eligible during the base year of that program.

Audit Documentation

For purposes of the at-risk audit, districts must be prepared to provide documentation to support any funded student's free lunch eligibility status as reported in the Student October Count data submission. Acceptable documentation to support a student's free lunch eligibility includes:

- Direct Certification Lists
- Application for Free and Reduced Price School Meals
- Family Economic Data Surveys (FEDS)
- Categorical Eligibility Determinations (such as district migrant, homeless, runaway and /or foster child lists)

All documentation submitted to the Field Analyst Support Team during the at-risk count audit will be evaluated based on criteria outlined in the United States Department of Agriculture (USDA) Eligibility Manual for School Meals (Determining and Verifying Eligibility). **In addition, and as outlined in the Rules for the Administration of the Public School Finance Act of 1994, [1 CCR 301-39](#)-R-6.00, <u>all documentation evidencing free lunch eligibility must be dated as of the pupil enrollment count date</u>, unless the use of carryover documentation is allowable and appropriate.**

Absent current year documentation, a district may submit the student's prior year eligibility documentation to evidence free lunch eligibility if the pupil enrollment count day or alternative count day falls within the first 30 school days of the current year. Carryover of previous year's eligibility applies to direct certification, categorical eligibility determinations, income applications, newly enrolled children from households with children who were approved for benefits in the LEA the previous year and previously approved children who transfer from one school to another under the jurisdiction of the same LEA. Carryover is for up to the 30th school day into the current year or until a new eligibility determination is made, either approved or denied. *The new eligibility determination supersedes the carryover eligibility.*

For the school year 2015-2016, in the event a district is unable to use carryover documentation to evidence free lunch eligibility because the pupil enrollment count date does NOT fall within the first 30 school days, the district may request a variance waiver to extend the 30 school day requirement as it relates to the at-risk count <u>only</u>. Such a variance waiver will not impact the carryover provisions as it relates to the child nutrition program. All waiver requests for this purpose must be submitted in writing to the Commissioner of the Colorado Department of Education no later than September 15 and should outline the reason for the waiver.

In cases where students transfer between districts on or before the pupil enrollment count date, the USDA does allow for the transfer of lunch eligibility status from one district to another. In such cases, if the receiving district is able to include the student in its Student October Count data submission, it can report the student's lunch eligibility status from the sending district *if* it has documentation in writing as to the student's eligibility. In the absence of written documentation, the receiving district must obtain new/updated documentation evidencing the student's lunch eligibility in order to report a lunch eligibility code other than "0- Not eligible/Paid" in the Student October Count data submission.

Direct Certification

Any student who appears on a district direct certification list, or match report ran between July 1 and the pupil enrollment count date for the current school year, may be reported as free lunch eligible in the Student October Count data submission. A copy of the direct certification list, and/or match report, must be made available at the time of the at-risk count audit in order to evidence free lunch eligibility.

For those students who are not listed on the direct certification list, but who reside or belong to the same household as student(s) who are listed on the direct certification list, eligibility may be extended to these students. In these cases, students with extended eligibility identified on or before the pupil enrollment count date for the current year may be reported as free lunch eligible in the Student October Count data submission if the district has documentation that notes the following:

- The date extended eligibility was granted
- The initials/name of the district staff member who granted the extended eligibility
- The name of the household member who appears on the direct certification list
- The date the direct certification list/match report was ran

As allowed by the CDE Office of School Nutrition, this information may be documented in one of the following ways:

- In the district's nutrition services system using notes/comments, etc.
- Handwritten on the actual printed direct certification list or match report
- A separate document that is maintained by the district nutrition services department that contains all applicable information as outlined above

In order to ensure inclusion of all possible free lunch eligible students in the at-risk count and maximize at-risk funding, it is recommended that the district's nutrition services unit run direct certification uploads monthly after each new file is available. Additionally, districts are encouraged to run a direct certification upload in July, August, September, and on the pupil enrollment count date, which is typically October 1. The October 1 upload is in addition to the October upload required by the Colorado Department of Education's Office of School Nutrition to support the child nutrition programs.

Application for Free and Reduced Price School Meals

If a student is identified as free lunch eligible through the completion of an Application for Free and Reduced Price School Meals, the student may be reported as such in the district's Student October Count data submission. The district must ensure that the application is filled out correctly and completely, as well as processed accordingly by the district.

During the at-risk count audit, the field analyst will review applications for all students included in the at-risk count sample to ensure that at a minimum the following information is completed as appropriate (see Appendix B for examples):

- The application is for the current school year
- The student is included on the application (first and last name)
- Household income is stated (if applicable)
- The last 4 digits of the social security number of an adult member of the household is listed (if applicable)
- Signature of an adult member of the household
- The date the application was completed or received is provided (**must be dated on or before the pupil enrollment count date for the given school year**)

In the event the application states the student is (1) a foster child, (2) homeless, (3) migrant or (4) a runaway, then the student is automatically eligible for free lunch. In addition, if the application states that the household is receiving SNAP or FDPIR benefits (and the case number is included), all students listed on the application may be reported as free lunch eligible. **Effective for the 2015-16 school year, the Office of School Nutrition is also allowing free lunch eligibility if the application states that the household is receiving Temporary Aid to Needy Families (TANF)-State Diversion or Basic Cash Assistance (BCA) benefits (and the case number is included).** *In any of these cases, the application must be signed and dated appropriately in order to avoid an at-risk count exception.*

In the event a district accepts online Applications for Free and Reduced Price School Meals, the documentation provided by the district must include all information included on a paper copy of the application. In place of a signature and date, the online application data must include the IP computer address of the person completing the application, and the date and time the application was submitted.

State statute (Section 22-54-112(4), C.R.S.) requires every school to include the federal Application for Free and Reduced Price Meals (or the state Family Economic Data Survey form as appropriate) in its registration materials. The materials shall include an explanation that these documents will be used to determine whether the school is eligible for at-risk funding on behalf of the pupil and, by filling out the form, the parent is ensuring the district or school will receive at-risk funding which it is entitled.

Family Economic Data Survey

While the state Family Economic Data Survey (FEDS) form has historically been used only by districts or schools not participating in the federal child nutrition programs, it can now be used as an alternate data collection instrument in districts or schools that are operating under a federal Special Assistance Certification and Reimbursement Alternative, including the Community Eligibility Provision (CEP) or Provision 2. Therefore, the state Family Economic Data Survey form can be used to document eligibility for at-risk funding for districts or schools not participating in the child nutrition programs, participating in CEP, or participating in the Provision 2 program following their base year.

Questions regarding the Community Eligibility Provision (CEP) or Provision 2 should be directed to Julie Griffith at (303) 866-6759 or Griffith_j@cde.state.co.us

If a student is identified as free lunch eligible through the completion of a Family Economic Data Survey form, the student may be reported as such in the district's Student October Count data submission. The district must ensure that the form is filled out correctly and completely, as well as processed accordingly by the district.

During the at-risk count audit, the field analyst will review all FEDS forms (for the sampled population) to ensure that at a minimum the following information is completed as appropriate (consistent with guidelines for Application for Free and Reduced Price School Meals included above):

- The form is for the current school year
- The student is included on the application (first and last name)
- Household income is stated (if applicable)
- Signature of adult member of the household
- The date the FEDS form was completed or received is provided (must be dated on or before the pupil enrollment count date for the given school year)

In the event the application states the student is (1) a foster child, (2) homeless, (3) migrant or (4) a runaway, then the student is automatically eligible for free lunch. In addition, if the application states that the household is receiving SNAP or FDPIR benefits (and the case number is included), all students listed on the application may be reported as free lunch eligible. **Effective for the 2015-16 school year, the Office of School Nutrition is also allowing free lunch eligibility if the application states that the household is receiving Temporary Aid to Needy Families (TANF)-State Diversion or Basic Cash Assistance (BCA) benefits (and the case number is included).** *In any of these cases, the application must be signed and dated appropriately in order to avoid an at-risk count exception.*

State statute (Section 22-54-112(4), C.R.S.) requires every school to include the federal Application for Free and Reduced Price Meals (or the state Family Economic Data Survey form as appropriate) in its registration materials. The materials shall include an explanation that these documents will be used to determine whether the school is eligible for at-risk funding on behalf of the pupil and, by filling out the form, the parent is ensuring the district or school will receive at-risk funding which it is entitled.

Categorical Eligibility Determinations

Students who are identified as eligible for free lunch based on a categorical determination may be reported as free lunch eligible in the Student October Count data submission. Such categories include students who are identified as foster children, homeless, migrant, and runaway.

Foster Children

Generally foster children are identified on an Application for Free and Reduced Price School Meals or on the Family Economic Data Survey form. In cases where students are identified in this manner, a copy of the completed application or form dated appropriately will be acceptable at the time of audit and the district may report the student as free lunch eligible in the Student October Count data submission.

In some cases districts may receive documentation from a state agency, a local agency or a court identifying district foster children. This documentation may include a listing of foster children or a letter confirming foster status. For the at-risk audit, the district must maintain a copy of this documentation. As with all documentation, it should include a date as to when the district was notified that the student was a foster child. If the documentation was received on or before the pupil enrollment count date for the current year, the district may report the student as free lunch eligible in the Student October Count data submission.

Migrant Students

If a student has been identified as migrant by the district's Migrant Education Program Director using guidelines established under Section 107 of the Child Nutrition and WIC Reauthorization Act of 2004, and was included on the district's Migrant List on or before the pupil enrollment count date, then the student may be reported as free lunch eligible in the Student October Count data submission.

In addition, if a student has been identified as migrant on an Application for Free and Reduced Price School Meals or on the Family Economic Data Survey form, and that application/form has been completed correctly and is dated appropriately, the student may be reported as free lunch eligible in the Student October Count data submission.

Homeless or Runaway Students

If a student has been identified as homeless or runaway by the district's Homeless Liaison using guidelines established under McKinney-Vento Assistance Act, and was included on the district's Homeless/Runaway List on or before the pupil enrollment count date, then the student may be reported as free lunch eligible in the Student October Count data submission.

In addition, if a student has been identified as homeless or as a runaway on an Application for Free and Reduced Price School Meals or on the Family Economic Data Survey form, and that application/form has been completed correctly and is dated appropriately, the student may be reported as free lunch eligible in the Student October Count data submission.

Special Assistance Certification and Reimbursement Alternative

The USDA has developed alternative approaches for certification and reimbursement for the Child Nutrition Programs including (1) Community Eligibility Provision (CEP) and (2) Provision 2. These provisions eliminate or reduce the administrative burden of collecting eligibility documentation and simplify the counting and claiming procedures for reimbursement of school meals.

For the at-risk count and audit, a school or district's participation in CEP or Provision 2 does not change the Student October Count data submission requirements when reporting students' free and reduced lunch eligibility. Although all students at a CEP or Provision 2 participating school or district will receive free meals, the students' eligibility still determines the coding for the Student October Count data submission at a CEP or Provision 2 participation school or district. As such, students attending a CEP or Provision 2 school may be submitted with a lunch eligibility code in the Student October Count data submission other than "1- Free".

Community Eligibility Provision (CEP)

Eligibility to participate in the CEP is determined by the percentage of students who are listed as identified students as of April 1of the preceding year for a given school, group of schools or district. If the minimum percentage threshold has been met, the district may elect for the school(s) or district to participate in the CEP.

For at-risk count purposes, acceptable documentation to evidence free lunch eligibility at CEP participating schools or districts includes Family Economic Data Survey forms, direct certification lists, or the inclusion of the student on a district migrant, homeless, runaway, or foster child lists dated between July 1 and the pupil enrollment count date.

Any student who was identified as free lunch eligible in the CEP base year, and who remains enrolled at that school or district for the entire length of the CEP designation (4 years), may be reported as free lunch eligible in the Student October Count data submission for those remaining years. Acceptable documentation in these cases includes the base year eligibility documentation and evidence that the student remained in the district's pupil enrollment.

In the event a student is reported in the Student October Count data submission at a CEP school, but was NOT identified as free lunch eligible during the base year, the district must obtain current year documentation evidencing free lunch eligibility on or before the pupil enrollment count date of the applicable year in order to report the student as free eligible in the Student October Count data submission. (This may include students who enrolled after the base year or a student who was not free lunch eligible in the base year, but subsequently became eligible.) Acceptable documentation in this instance would include a Family Economic Data Survey form, a current year direct certification list, or the inclusion of the student on a district migrant, homeless, runaway, or foster child list.

Schools or districts participating in the CEP are only required to upload direct certification data in October of each year by the Office of School Nutrition to support the child nutrition programs. In order to maximize at-risk funding, districts are encouraged to run direct certification uploads in July, August, September, and on the pupil enrollment count date, which is typically October 1. The October 1 upload is in addition to the October upload required by the Office of School Nutrition.

Provision 2

Eligibility to participate in Provision 2 is determined by the percentage of students who are identified as free lunch eligible as evidenced by direct certification lists and Applications for Free and Reduced Lunch Price School Meals dated between July 1 and the pupil enrollment count date of the base year.

Any student who was identified as free lunch eligible during the Provision 2 base year, and who remains enrolled at that school or district for the entire length of the Provision 2 designation (4 years), may be reported as free lunch eligible in the Student October Count data submission for those remaining years. Acceptable documentation in these cases includes the base year eligibility documentation and evidence that the student remained in the district's pupil enrollment.

In the event a student is reported in the Student October Count data submission at a Provision 2 school, but was NOT identified as free lunch eligible during the base year, the district must obtain current year documentation evidencing free lunch eligibility on or before the pupil enrollment count date of the applicable year in order to report the student as free eligible in the Student October Count data submission. (This may include students who enrolled after the base year or a student who was not free lunch eligible in the base year, but subsequently became eligible.) Acceptable documentation in this instance would include a Family Economic Data Survey form, a current year direct certification list, or the inclusion of the student on a district migrant, homeless, runaway, or foster child list. This documentation must be dated between July 1 and the pupil enrollment count date of the applicable school year.

In order to maximize at-risk funding, districts participating in Provision 2 are also encouraged to run direct certification uploads in July, August, September, and on the pupil enrollment count date, which is typically October 1.

Sample of the 2015-2016 Application for Free and Reduced Price School Meals

2015-2016 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____ Mailing Address, City, Zip Code _____ Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1. Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. **If the student has NO INCOME, you MUST check the No Income box.** If the student has income please add the student to the household section below and provide income information.

HDS: Head Start; H: Homeless; M: Migrant; R: Runaway

Foster Child	No Income	Student Name: Last, First	School	Grade	HDS	H	M	R
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							

Part 2. Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name:_____

Case Number:_____

Part 3. Other Source Eligibility: If any child you are applying for is **HEAD START, HOMELESS, MIGRANT, OR RUNAWAY,** check the appropriate box to the left and call [your school, homeless liaison, migrant coordinator at phone #]

Part 4. List all household members not listed above AND students with income.

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	Other
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
Your information WILL be shared unless you check the box below.

☐ **Please do NOT share my information with the Medicaid or SCHIP offices.**

Part 6: Signature and Last Four Digits of Social Security Number: An adult household member must sign the application. **If Part 4 is completed,** the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only): XXX - XX - __ __ __ __** ☐ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: X_____ Date: _____

***************DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY***************

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

Total Income: _____ Per ☐ Week, ☐ Bi-Weekly, ☐ 2x/Month, ☐ Month, ☐ Year Household size:_____ Eligibility: Free_____ Reduced:_____ Denied:_____
☐ Income ☐ Categorically Eligible App Num.:_____ Determining Official's Signature:_____ Date:_____ Withdrawn Date:_____

2015-2016 Application Examples

The following examples show the required fields for each application type. While "date" is not a required field for any of the application types, the district is required to "date stamp" or indicate the date in which the application was received.

- Income Application
- Foster Application
- Foster and Income Application
- SNAP/FDPIR Application
- OSCE Application
- OSCE and Income Application

2015-2016 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____   Mailing Address, City, Zip Code _____   Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1: Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. If the student has **NO INCOME, you MUST check the No Income box.** If the student has income please add the student to the household section below and provide income information.

HDS: Head Start; H: Homeless; M: Migrant; R: Runaway

Foster Child	No Income	Student Name: Last, First	School	Grade	HDS	H	M	R
	☐	Anna Banana						
	☐	Brianna Banana						
	☐							
	☐							
	☐							
	☐							
	☐							

Part 2: Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name:
Case Number:

Part 3: Other Source Eligibility: If any child you are applying for is **HEAD START, HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call your school program coordinator at phone #

Part 4: List all household members not listed above AND students with income.

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
Papa Banana	☐	$ 1450 ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
Mama Banana	☐	$ 0 ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month

Part 5: MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.

Your information WILL be shared unless you check the box below.

☐ **Please do NOT share my information with the Medicaid or SCHIP offices.**

Part 6: Signature and Last Four Digits of Social Security Number: An adult household member must sign the application. **If Part 4 is completed**, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only): XXX - XX -** 2__ 2__ 2__ 2__ ☐ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: X _____ *Papa Banana* _____   Date: _____

***************DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY***************

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12
Total Income: _____ Per ☐ Week, ☐ Bi-Weekly, ☐ 2x/Month, ☐ Month, ☐ Year Household size: _____ Eligibility: Free_____ Reduced:_____ Denied:_____
☐ Income ☐ Categorically Eligible App Num.: _____ Determining Official's Signature: _____ Date: _____ Withdrawn Date: _____

2015-2016 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____ Mailing Address, City, Zip Code _____ Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1: Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. If the student has NO INCOME, you MUST check the No Income box. If the student has income please add the student to the household section below and provide income information.

HDS: Head Start; H: Homeless; M: Migrant; R: Runaway

Foster Child	No Income	Student Name: Last, First	School	Grade	HDS	H	M	R
X	☐	Anna Banana						
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							

Part 2: Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name:
Case Number:

Part 3: Other Source Eligibility: If any child you are applying for is **HEAD START, HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call your school program coordinator at phone #

Part 4: List all household members not listed above AND students with income.

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month
	☐	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month	$____ ☐monthly ☐bi-weekly ☐weekly ☐2x/month

Part 5: MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.

Your information WILL be shared unless you check the box below.

☐ **Please do NOT share my information with the Medicaid or SCHIP offices.**

Part 6: Signature and Last Four Digits of Social Security Number: An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. Social Security Number (Last 4 digits only): XXX - XX - __ __ __ __   ☐ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: X *Papa Banana* Date: _____

*************DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY*************

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

Total Income: _____ Per ☐ Week, ☐ Bi-Weekly, ☐ 2x/Month, ☐ Month, ☐ Year   Household size: _____   Eligibility: Free_____ Reduced:_____ Denied:_____
☐ Income ☐ Categorically Eligible App Num.:_____ Determining Official's Signature:_____ Date:_____ Withdrawn Date:_____

FOSTER AND INCOME APPLICATION

Last Name(s) of Family _____ Mailing Address, City, Zip Code _____ Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1: Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. If the student has NO INCOME, you MUST check the No Income box. If the student has income please add the student to the household section below and provide income information.

HDS: Head Start; H: Homeless; M: Migrant; R: Runaway

Foster Child	No Income	Student Name: Last, First	School	Grade	HDS	H	M	R
X	☐	Anna Banana						
	☐	Brianna Banana						
	☐							
	☐							
	☐							
	☐							
	☐							

Part 2: Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name:
Case Number:

Part 3: Other Source Eligibility: If any child you are applying for is **HEAD START, HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call your school program coordinator at phone #

Part 4: List all household members not listed above AND students with income.

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
Papa Banana	☐	$ 1450 ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
Mama Banana	☐	$ 0 ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month

Part 5: MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
Your information WILL be shared unless you check the box below.

☐ **Please do NOT share my information with the Medicaid or SCHIP offices.**

Part 6: Signature and Last Four Digits of Social Security Number: An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. Social Security Number (Last 4 digits only): XXX - XX - _2_ _2_ _2_ _2_ ☐ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.
Sign here: X_____ *Papa Banana* _____ Date: _____

***************DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY***************

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

Total Income: _____ Per ☐ Week, ☐ Bi-Weekly, ☐ 2x/Month, ☐ Month, ☐ Year   Household size: _____   Eligibility: Free _____ Reduced: _____ Denied: _____
☐ Income ☐ Categorically Eligible App Num.: _____ Determining Official's Signature: _____ Date: _____ Withdrawn Date: _____

2015-2016 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____

Mailing Address, City, Zip Code _____

Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1: Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. If the student has NO INCOME, you MUST check the No Income box. If the student has income please add the student to the household section below and provide income information.

HDS: Head Start; H: Homeless; M: Migrant; R: Runaway

Foster Child	No Income	Student Name: Last, First	School	Grade	HDS	H	M	R
	☐	Anna Banana						
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							

Part 2: Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits.
(Enter information and skip to part 5)

Name:

Case Number: 1B7A36T

Part 3: Other Source Eligibility: If any child you are applying for is **HEAD START, HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call your school program coordinator at phone #

Part 4: List all household members not listed above AND students with income.

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$___ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month

Part 5: MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.

Your information WILL be shared unless you check the box below.

☐ **Please do NOT share my information with the Medicaid or SCHIP offices.**

Part 6: Signature and Last Four Digits of Social Security Number: An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only): XXX - XX - ___ ___ ___ ___**   ☐ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: X_____*Papa Banana*_____   Date: _____

************DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY************

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

Total Income: _____ Per ☐ Week, ☐ Bi-Weekly, ☐ 2x/Month, ☐ Month, ☐ Year   Household size:_____   Eligibility: Free_____ Reduced:_____ Denied:_____

☐ Income ☐ Categorically Eligible App Num.:_____ Determining Official's Signature:_____ Date:_____ Withdrawn Date:_____

2015-2016 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____   Mailing Address, City, Zip Code _____   Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1: Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. If the student has **NO INCOME**, you **MUST** check the No Income box. If the student has income please add the student to the household section below and provide income information.

HDS: Head Start; H: Homeless; M: Migrant; R: Runaway

Foster Child	No Income	Student Name: Last, First	School	Grade	HDS	H	M	R
	☐	Anna Banana						
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							

Part 2: Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits.
(Enter information and skip to part 5)

Name:
Case Number:

Part 3: Other Source Eligibility: If any child you are applying for is **HEAD START, HOMELESS, MIGRANT, OR RUNAWAY**, check the appropriate box to the left and call your school program coordinator at phone #

Part 4: List all household members not listed above AND students with income.

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$____ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month

Part 5: MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
Your information WILL be shared unless you check the box below.

☐ **Please do NOT share my information with the Medicaid or SCHIP offices.**

Part 6: Signature and Last Four Digits of Social Security Number: An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. Social Security Number (Last 4 digits only): XXX - XX - ___ ___ ___ ___   ☐ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: X   *Papa Banana*   Date: _____

****************DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY****************

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

Total Income: _____ Per ☐ Week, ☐ Bi-Weekly, ☐ 2x/Month, ☐ Month, ☐ Year   Household size: _____   Eligibility: Free _____ Reduced: _____ Denied: _____
☐ Income ☐ Categorically Eligible App Num.: _____ Determining Official's Signature: _____ Date: _____ Withdrawn Date: _____

2015-2016 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family   Mailing Address, City, Zip Code   Telephone Number

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return application to school.

Part 1: Student Information. List all students attending school in the district; provide school and grade information. Check the foster child check box for all students that are the legal responsibility of a welfare agency or court. **If the student has NO INCOME, you MUST check the No Income box.** If the student has income please add the student to the household section below and provide income information.

HDS: Head Start; H: Homeless; M: Migrant; R: Runaway

Foster Child	No Income	Student Name: Last, First	School	Grade	HDS	H	M	R
	☐	Anna Banana						
	☐	Brianna Banana						
	☐							
	☐							
	☐							
	☐							
	☐							

Part 2: Supplemental Nutrition Assistance Program (SNAP) /Food Distribution Program on Indian Reservations (FDPIR):

Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name:
Case Number:

Part 3: Other Source Eligibility: If any child you are applying for is **HEAD START, HOMELESS, MIGRANT, OR RUNAWAY,** check the appropriate box to the left and call your school program coordinator at phone #

Part 4: List all household members not listed above AND students with income.

List all current gross income, and check how often it was received.

Name: Last, First	No Income	Earnings from work before deductions, or unemployment	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All other income
Papa Banana	☐	$ 1450 ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
Mama Banana	☐	$ 0 ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month
	☐	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month	$ ☐ monthly ☐ bi-weekly ☐ weekly ☐ 2x/month

Part 5: MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.

Your information WILL be shared unless you check the box below.

☐ **Please do NOT share my information with the Medicaid or SCHIP offices.**

Part 6: Signature and Last Four Digits of Social Security Number: An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **Social Security Number (Last 4 digits only): XXX - XX -** _2_ _2_ _2_ _2_ ☐ I do not have a Social Security Number

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: X _Papa Banana_   **Date:** _____

***************DO NOT WRITE BELOW THIS LINE. DISTRICT USE ONLY***************

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

Total Income: _____ Per ☐ Week, ☐ Bi-Weekly, ☐ 2x/Month, ☐ Month, ☐ Year   Household size:_____   Eligibility: Free_____   Reduced:_____   Denied:_____

☐ Income ☐ Categorically Eligible App Num.:_____ Determining Official's Signature:_____ Date:_____ Withdrawn Date:_____

COLORADO
Department of Education
School Finance Division

TO: School Business Officials, Pupil Count Coordinators, and Food Service Directors

FROM: Jennifer Okes, School Finance Director

DATE: June 5, 2015

SUBJECT: Family Economic Data Survey – 2015-2016 School Year

The U.S. Department of Agriculture (USDA) has issued policy prohibiting the use of the *Application for Free and Reduced Price Meals* for any other programs in schools that <u>do not</u> participate in the federal child nutrition programs. Because there are other programs that link funding to free or reduced price meal eligibility, including additional state at-risk funding and potentially local waivers of school fees, the Colorado Department of Education has developed a *Family Economic Data Survey* form as an alternative data collection instrument.

The *Family Economic Data Survey* form is attached along with sample language you may wish to use which explains the reasons for the form to be distributed to parents when the *Application for Free and Reduced Price Meals* is not used. Additional information on the use of these two forms related to at-risk funding and child nutrition programs can be found in the At-Risk and Child Nutrition Program Documentation Matrix.

State statute (Section 22-54-112(4), C.R.S.) requires every school to include the federal *Application for Free and Reduced Price Meals* or the state *Family Economic Data Survey* form in its registration materials. The materials shall include an explanation that these documents will be used to determine whether the school is eligible for at-risk funding on behalf of the pupil and, by filling out the form, the parent is ensuring the district or school will receive the at-risk funding to which it is entitled based on the population of at-risk pupils served by the district.

The district's food service fund cannot be used for any processing or maintenance of documentation not associated with eligibility for the child nutrition programs as it is an unallowable cost. This includes collection, processing, and maintenance of the *Family Economic Data Survey* forms. Other district resources must be used. If the district wishes to have food service personnel process the surveys, the food service fund must be reimbursed for the cost of this processing.

Districts are responsible to ensure that the data collection complies with all applicable state and federal confidentiality rules. Questions regarding the documentation to evidence at-risk eligibility for School Finance purposes and CDE audits should be directed to Rebecca McRee at (303) 866-6805 or mcree_r@cde.state.co.us. Questions regarding the Community Eligibility Provision (CEP) or Provision 2 should be directed to Julie Griffith at (303) 866-6759 or griffith_j@cde.state.co.us.

Enclosures: District Determining Official Processing Instructions

2015-2016 FAMILY ECONOMIC DATA SURVEY
DISTRICT DETERMINING OFFICIAL PROCESSING INSTRUCTIONS

The procedures for processing the *Family Economic Data Survey* form are similar to those for a free or reduced price meal application, and utilize the same eligibility criteria. It is important to note that while similar, this survey does not substitute for an official meal benefit application, and families should not be led to believe that completion of the form will result in meal benefits for their child. If this form is used to document eligibility for state or federal program funding, it will be subject to audit by CDE and other program officials. Failure to process and document correctly may result in an audit exception, and subsequent recovery of funds.

The district should consider the following when processing applications:

- Student information must be accurate and can be linked to a child enrolled at the particular school.

- The application form must be completed correctly if a student is to be considered eligible for free meals/at-risk funding.

- The signature of the eligibility-determining official must be on <u>all</u> applications, including applications that have been denied.

- All *SNAP* case numbers in Colorado begin with '1B,' and case numbers are 7 digits long (a combination of letters and numbers).

- All Food Distribution Program on Indian reservations (*FDPIR)* case numbers are 9 numbers long and contain no letters.

- The following table outlines the income threshold consistent with free lunch eligibility for the 2015-2016 school year:

Household Size		Yearly	Monthly	2x/ Month	Bi-weekly	Weekly
1		$15,301	$1,276	$638	$589	$295
2		$20,709	$1,726	$863	$797	$399
3		$26,117	$2,177	$1,089	$1005	$503
4		$31,525	$2,628	$1,314	$1,213	$607
5		$36,933	$3,078	$1,539	$1,421	$711
6		$42,341	$3,529	$1,765	$1,629	$815
7		$47,749	$3,980	$1,990	$1,837	$919
8		$53,157	$4,430	$2,215	$2,045	$1,023
For each additional family member add		$5,408	$451	$226	$208	$104

- The **conversion factors** for computing family income is:

  - o If there is only one source of income or if all sources received are in the same frequency (example, monthly income), no conversion is required.
  - o If there are multiple income sources with more than one frequency, the determining official must annualize all income by multiplying:
    - Weekly income by 52
    - Bi-weekly income (received every two weeks) by 26
    - Semi-monthly income (received twice a month) by 24
    - Monthly income by 12

- The district's <u>food service fund cannot</u> be used for any processing or maintenance of documentation not associated with eligibility for the child nutrition programs as it is an unallowable cost. Other district resources must be used. If the district wishes to have food service personnel process the surveys, the food service fund must be reimbursed for the cost of this processing.

Refer also to the instructions for the parents for further guidance.

Sample of the 2015-2016 Family Economic Data Survey

2015-2016 Family Economic Data Survey

<u>Purpose</u>: This form will be used to determine whether the school district is eligible for additional funding on the behalf of the student(s) listed below. By filling out this form, you are helping to ensure that the school district receives additional state funding to which it is entitled based on the population of students served by the school district.

Student Information: List each child in the household who is enrolled in the district. Provide school and grade information for each child and, if applicable, check the appropriate box.

Student Name: Last, First	School	Grade	Foster	Homeless	Migrant	Runaway
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

Income Information: List **ALL** members in the household. Do not list the students listed above unless the student has a source of income. List each source of income (such as work, alimony, child support, unemployment, pension, retirement, social security, supplemental security income and veteran's benefits). Provide total gross income <u>(income before taxes and other deductions)</u> and check the appropriate box to indicate the frequency for each source.

Household Member Names: Last, First	Source of Income	Total Income
		$_____.__ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		$_____.__ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		$_____.__ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		$_____.__ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		$_____.__ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		$_____.__ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income
		$_____.__ ☐ weekly ☐ bi-weekly ☐ 2x/month ☐ monthly ☐ no income

Household Members: List the total number of members in the household.

Total Household Members: _____

Assistance Programs: If any member of the household now receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR) or Temporary Aid to Needy Families (TANF)-State Diversion or Basic Cash Assistance (BCA) benefits, list the current case number and the name of the household member.

Case Number: _____ **Name of Person Who Receives Benefits:** _____

Signature: An adult household member **MUST** sign and date the application

I certify that all information on this form is true and that all household income is reported. I understand that the information provided may be used in connection with federal, state, or local educational programs. Specifically, I understand the school district may get additional state funding based on the information I have provided. By signing below I agree that my child(ren)'s eligibility status may be shared for these specific purposes and as allowed by law without specific notice and/or consent. I understand that school officials may verify the information.

Print Name: _____ **Sign Here:** _____ **Date:** _____

INCOME ELIGIBILITY GUIDELINES

(Effective July 1, 2015 to June 30, 2016)

FOR SCHOOL USE ONLY. DO NOT DISTRIBUTE TO PARENTS

Household Size	Free Guidelines					Reduced Guidelines				
	Yearly	Monthly	2x/ Month	Bi-weekly	Weekly	Yearly	Monthly	2x/ Month	Bi-weekly	Weekly
1	$15,301	$1,276	$638	$589	$295	$21,775	$1,815	$908	$838	$419
2	$20,709	$1,726	$863	$797	$399	$29,471	$2,456	$1,228	$1,134	$567
3	$26,117	$2,177	$1,089	$1005	$503	$37,167	$3,098	$1,549	$1,430	$715
4	$31,525	$2,628	$1,314	$1,213	$607	$44,863	$3,739	$1,870	$1,726	$863
5	$36,933	$3,078	$1,539	$1,421	$711	$52,559	$4,380	$2,190	$2,022	$1,011
6	$42,341	$3,529	$1,765	$1,629	$815	$60,255	$5,022	$2,511	$2,318	$1,159
7	$47,749	$3,980	$1,990	$1,837	$919	$67,951	$5,663	$2,832	$2,614	$1,307
8	$53,157	$4,430	$2,215	$2,045	$1,023	$75,647	$6,304	$3,152	$2,910	$1,455
For each additional family member add	$5,408	$451	$226	$208	$104	$7,696	$642	$321	$296	$148
Error Prone Thresholds	$1,200	$100	$50	$44	$24	$1,200	$100	$50	$44	$24

Provisional Programs and At-Risk Funding Documentation Matrix

	At-Risk Funding Documentation[1]	Child Nutrition Programs Documentation[1]
Participating in Child Nutrition Programs (not through an alternative provision)	Application for Free and Reduced Price Meals Direct Certification District migrant, homeless, runaway or foster lists	Application for Free and Reduced Price Meals Direct Certification District migrant, homeless, runaway or foster lists Head Start documented participation
Participating in Community Eligibility Provision (CEP) Base Year	Family Economic Data Survey form[2] Direct Certification[2] District migrant, homeless, runaway or foster lists[2]	Direct Certification District migrant, homeless, runaway or foster lists Head Start documented participation
Participating in Provision 2 Base Year	Application for Free and Reduced Price Meals Direct Certification District migrant, homeless, runaway or foster lists	Application for Free and Reduced Price Meals Direct Certification District migrant, homeless, runaway or foster lists Head Start documented participation
CEP/Provision 2 Years 2, 3, 4 for NEWLY ENROLLED students after Base Year	Family Economic Data Survey form[2] Direct Certification[2] District migrant, homeless, runaway or foster lists[2]	None
Years 2, 3, 4 for students documented in Base or Subsequent Year	Evidence that the students documented in base year remain included in the district's pupil enrollment[2]	None
Not Participating in Child Nutrition Programs	Family Economic Data Survey form[2] Direct Certification[2] District migrant, homeless, runaway or foster lists[2]	Not Applicable

1 Pursuant to 1 CCR 301.39 2254-R-8.02, districts should retain all required documentation in a central location until audited by the Department or until five years from the certification due date (November 10) whichever comes first.

2 The district's food service fund cannot be used for any processing or maintenance of documentation not associated with eligibility for the child nutrition programs as it is an unallowable cost. Other district resources must be used.

If the district wishes to have food service personnel process the surveys, the food service fund must be reimbursed for the cost of this processing.

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