

2024 Family Economic Data Survey

Ascent Classical Academy of Douglas County

Complete one form per household. Use a black or blue pen (**NOT** a pencil). See the **Step-By-Step** Instructions For more information.

STEP 1: List all infants, children and students through grade 12 (If you need more space, attach an additional sheet)

Child First Name	MI	Child Last Name	Birth Date (MM/DD/YY)			Grade	Foster Child	Runaway	Homeless	Migrant
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply. Refer to instructions for info on categories.

Do any household members receive SNAP, TANF/CO Works, or FDIPIR benefits? If **YES**, list case number and go to STEP 3 If **NO**, go to STEP 2.

STEP 2: Report income for all household members, including students

List all adults in your household. Report their **total gross income**. If an adult does not have income, write zero (0). Add students in your home that receive income. See instructions for more information.

First and last name of household members	Earnings From work						Public Assistance/Child Support/Alimony						Pensions/Retirement/All other income								
	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually						
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 3: Signature and Contact Information.

"I certify my children are not receiving Summer EBT benefits in another state or Indian Tribal Organization. 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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address or PO Box	City	State	Zip Code
<input type="text"/>		<input type="text"/>	
Home or Cell Phone Number		SIGNATURE of Adult Household Member (Required)	

<input type="text"/>	<input type="text"/>
Printed First and Last Name of Signer	Today's Date

Total Number of Household Members (All children and adults that live in your home)

STEP 4: Release of Information

The information provided on this survey will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students qualify this information may be shared with the school or district for the purpose of waiving certain school/district program fees that your children might otherwise be required to pay. The school or district is not permitted to share your information with anyone else. You are not required to consent to the release of your information, and 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 information with Medicaid/SCHIP

Share my information with the following programs I've checked:

Advanced Placement (AP) Exam and/or AP Book Fees

List Specific Program

Accelerate College Opportunity Exam and/or Book Fees

List Specific Program

Return completed application to: ACADC 10004 Park Meadows Drive Lone Tree, CO 80124 or renee.rogers@dc.ascentcolorado.org

DISTRICT 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

Form Type

Total Household Income: \$ _____ Household Size _____

Household Income Frequency Weekly Every Two Weeks Twice a Month Monthly Annually

Categorical Eligibility

SNAP FDPIR TANF Foster Homeless/Migrant/Runaway/Head Start

Form Status

Approved Free Reduced

Denied Over Income Guidelines Incomplete/Missing _____

Notes:

Determining Official Signature:

Approval / Denial Date:

Notification Sent:

Note: All types of income must be combined in total household income, not just earnings from work.