**2019-2020 FAMILY ECONOMIC DATA SURVEY --**
**ONE METHOD FOR DETERMINING CPP ELIGIBILITY (expires June 30, 2019)**

## INSTRUCTIONS

This survey is used by the Little Treasures Preschool to maximize available funding from state and federal sources. In many cases, the eligibility for these funds and programs is linked to whether or not your child is currently eligible for free or reduced price meals in the federal School Lunch (and Breakfast) programs. Little Treasures Preschool does not participate in the federal School Lunch or Breakfast programs. For this reason, we are asking that you complete the attached survey as an alternate means of qualifying your child's school for state and federal programs that will provide much needed funding.

Fill out the survey if:

- Your household size and income are within the limits on the Income Chart below, or
- Your family receives Food Stamps, or
- You have a foster child.

**If your income is higher than listed on the chart, write your child's name on the form and "do not qualify" then turn the form in.**

**THIS DOES NOT MEAN YOUR CHILD DOES NOT QUALIFY FOR CPP!**

**Financial eligibility is only one of many determining factors.**

# 2019-2020 Financial Qualifications

| Household Size | Annual | Monthly | Weekly |
|---|---|---|---|
| 2 | $30,451 | $2,538 | $586 |
| 3 | $38,443 | $3,204 | $740 |
| 4 | $46,435 | $3,870 | $893 |
| 5 | $54,427 | $4,536 | $1,047 |
| 6 | $62,419 | $5,202 | $1,201 |
| 7 | $70,411 | $5,868 | $1,355 |
| 8 | $78,403 | $6,534 | $1,508 |
| For each additional member add . . . | $7,992 | $666 | $154 |

# 2019-2020 FAMILY ECONOMIC DATA SURVEY

## Instructions, Page 2

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

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

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

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

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

**Part 1:** List child's name.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children not listed in Part 1. Attach another sheet of paper if you need to.

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

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

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

**INCOME TO REPORT:**

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

**Welfare/Child Support/Alimony**
Public assistance payments
Welfare payments
Alimony/child support payment

**Other Income**
Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/ Investments
Regular contributions from people not living in the household
Net royalties/annuities/ net rental income

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

# 2019-2020 FAMILY ECONOMIC DATA SURVEY
# FOR CPP FUNDING/ELIGIBILITY (expires June 30, 2019)

## Little Treasures Preschool

***If your income is higher than listed on the chart (pg 1), write your child's name on the form and "do not qualify" then turn the form in.***

**THIS DOES NOT MEAN YOUR CHILD DOES NOT QUALIFY FOR CPP!** **Financial eligibility is only one of many determining factors.**

Last name(s) of family _____ Mailing Address, City, Zip Code _____ Telephone Number _____

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

**1. STUDENT INFORMATION:**

| LAST NAME OF STUDENT | FIRST NAME(s) OF STUDENT |
|---|---|
| | |

**2. Food Stamp Case Number**

**(Do not list the 16-digit Quest number)**
(If you listed a Food Stamp case number, Skip to Part 5)

**3. Foster Child, check here: [ ]**
If this is a child who is the legal responsibility of a welfare agency or **court,** list the amount of the **child's** personal use monthly income:
**$**_____ (Write "0" if the child has no personal use income); **Skip to Part 5**

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

| **NAME** (List everyone in household **not listed in Part 1**) | **Earnings from work before deductions** | **Other** |
|---|---|---|
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |

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

**Sign here: X**_____ **Date** _____

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

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

Monthly Income Conversion if from more than one income source: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Yearly x 12

Monthly Income: _____ Household size: _____ FS: _____ Date Withdrawn: _____
Eligibility: Yes_____ (Type_____ ) No_____ Declined survey_____
Determining Official's Signature: _____ Date: _____