



2904 W Kiowa St
Colorado Springs, CO 80904
719.203.6364

Information about Completing the Family Economic Data Survey (FEDS) Form

Dear Parent/Guardian:

Welcome to the 2020-2021 school year! We are writing to share information about one of the annual forms we encourage all families to complete at the beginning of each the school year: the Family Economic Data Survey (FEDS) form.

While this form is typically used to determine whether students are eligible for free- or reduced-price meals, completing this form has additional benefits to both families that qualify for free- and reduced-price meals as well as our school:

1. **Greater Access to Resources:** Our school may be eligible for additional funding and resources to provide greater support to our students if our percentage of students qualifying for free- or reduced-price lunches meets set criteria.
2. **Waiving Student Fees:** As stated in our school policy, all mandatory fees, fines, and charges, including transportation fees, shall be waived for students that qualify for free- or reduced-price lunch upon request.
3. **Comcast Broadband Opportunity:** Comcast's Internet Essentials program includes low-cost high-speed internet service for \$9.95/month, the option to purchase a computer for less than \$150, and multiple options for digital literacy training for families qualifies for free or reduced-price lunch. [Learn more here (*could be subject to change*): <https://internetessentials.com/>]

This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions and frequently asked questions.

We encourage your family to complete this form and send it back to **Dan Kurschner** at dkurschner@mountainsongschool.com by **September 30**.

If you have other questions or need help, contact **Mr. Kurschner** at dkurschner@mountainsongschool.com



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How to Complete the Family Economic Data Survey Form

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

Please use these instructions to help you fill out the Family Economic Data Survey. You only need to submit one per household, even if your children attend more than one school at Mountain Song Community School. The form must be filled out completely to certify your children's eligibility for state funding for your child's school.

Please follow these instructions in order! Each step of the instructions is the same as the steps on the survey. If at any time you are not sure what to do next, please contact Dan Kurschner at dkurschner@mountainsongschool.com

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE FORM AND DO YOUR BEST TO PRINT CLEARLY. RETURN THE COMPLETED AND SIGNED FORM TO: dkurschner@mountainsongschool.com.

STEP 1: LIST ALL STUDENTS ATTENDING Mountain Song Community School

Tell us how many students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include all members in your household who are:

- Students attending Mountain Song Community School and are in your care under a foster arrangement, or qualify as homeless, migrant, or runaway youths;
- Students attending Mountain Song Community School *regardless of age*.

A) List each student's name. For each student, print their first name, middle initial, and last name. Use one line for each child. If there are more children present than

lines on the form, attach a second piece of paper with all required information for the additional children.

B) *Does the student have income?* If 'Yes,' report income of student's in STEP 3A. If 'No' check the 'No Income' box.

C) *Optional:* Provide the birthdate and grade for each student.

D) *Do you have any foster children?* If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your form. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

E) *Are any children homeless, migrant, runaway, or participating in Head Start?* If you believe any child listed in this section may meet one of these descriptions, please mark the "Homeless, Head Start, Migrant, Runaway" box next to the child's name and complete all steps of the form.

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF OR FDPIR?

If anyone in your household participates in the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF/Colorado Works - Basic Cash Assistance or State Diversion)

A) IF *NO ONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Leave STEP 2 blank and proceed to STEP 3.*

B) IF *ANYONE* IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Provide a case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact your county or state assistance programs office. You must provide a case number on your form.*

- *If you provided a case number, skip to STEP 4.*

STEP 3: REPORT GROSS INCOME FOR ALL STUDENTS AND HOUSEHOLD MEMBERS

A) Student Income: Refer to the chart titled “Sources of Income for Students” below and report the combined gross income (before taxes and other deductions) for ALL students listed in Step 1 in your household in the box marked “Student Income.” Only count foster children’s income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Student Income?
 Income that is received from outside of your household and is paid directly to your children should be reported. Many households do not have any student income. Use the chart below to determine if your household has student income to report.

| Sources of Income for Students | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sources of Student Income | Example(s) |
| <ul style="list-style-type: none"> • Earnings from work | <ul style="list-style-type: none"> • A child has a job where they earn a salary or wages. |
| <ul style="list-style-type: none"> • Social Security <ul style="list-style-type: none"> ○ Disability Payments ○ Survivor’s Benefits | <ul style="list-style-type: none"> • A child is blind or disabled and receives Social Security benefits. • A parent is disabled, retired, or deceased, and their child receives Social Security benefits. |
| <ul style="list-style-type: none"> • Income from persons <i>outside</i> the household | <ul style="list-style-type: none"> • A friend or extended family member <i>regularly</i> gives a child spending money. |
| <ul style="list-style-type: none"> • Income from any other source | <ul style="list-style-type: none"> • A child receives income from a private pension fund, annuity, or trust. |

B) All Other Household Members (including yourself): Print the name of each household member in the boxes marked “Names of Other Household Members.” Do not list any household members you listed in STEP 1. If a student listed in STEP 1 has income, follow the instructions in STEP 3, part A.

FOR EACH HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, *even if not they are not related and even if they do not receive income of their own.*
- **Children age 18 or under and are supported with the household's income, who were not already reported as students.**

Do **not** include people who:

- Live with you but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in Step 1.

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income ONLY**. Report all income in whole dollars. Do not include cents.
 - **Gross income is the total income received before taxes or deductions.**
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, **your application may be verified for cause.**
- Mark how often each type of income is received, using the check boxes to the right of each field.

C) Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the form. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only court-ordered payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your eligibility for free and reduced-price school meals.

| Sources of Income for Adults | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Earnings from Work | Public Assistance/Alimony/Child Support | Pensions/Retirement/All Other Income |
| <ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA, or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing | <ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran’s benefits | <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household |

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All forms must be signed by an adult member of the household. By signing, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the form.

A) Provide your contact information. Write your current mailing address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) *Sign and print your name.* Print your name in the box “Printed name of adult completing the form,” and sign your name in the box “Signature of adult completing the form.”

C) *Today’s Date.* In the space provided, write today’s date in the box.

STEP 5: 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/district for the purpose of waiving certain 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, and not consenting will not affect your student(s)’ eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.

Mountain Song Community School 2020-2021 Family Economic Data Survey

Complete one survey per household. Please use a pen (not a pencil).

STEP 1 List all students attending Mountain Song Community School (if more spaces are required for additional names, attach another sheet of paper)

| Student's First Name | MI | Student's Last Name | No Income | Birth Date | | | | | Grade | Foster Child | Head Start | Runaway | Homeless | Mig |
|----------------------|----|---------------------|-----------|------------|---|---|---|---|-------|--------------|------------|---------|----------|-----|
| | | | | M | M | D | D | Y | | | | | | |
| | | | | | | | | | | | | | | |
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Check all that apply. Read Federal Economic Data Survey Application Instructions for more information.

STEP 2 If household members (including you) currently participate in one of the following assistance 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?
 Weekly Bi-Weekly 2x Month Monthly Annually

B. All Other Household Members (including yourself)
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 (BEFORE TAXES AND OTHER DEDUCTIONS) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank are certifying that there is no income to report.

| Names of Other Household Members (First and Last) | 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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> |
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Total Household Members (Students' and Adults)

STEP 4 Contact information and adult signature. Mail signed and completed application to: 2904 W. Kiowa St., Colorado Springs, CO 80904

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box:

Apt. # or Lot #:

City:

CO:

Zip Code:

Email Address:

Phone:

SIGNATURE of Adult Household Member:

Printed First and Last Name of Signer:

Today's Date:

STEP 5 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 your students qualify this information may be shared with the school/district for the purpose of waiving certain 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

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

Survey 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

Survey Status:

Approved - Free Reduced

Denied - Over Income Guidelines Incomplete/Missing: _____

Notes: _____

Determining Official Signature:

Approval/Denial Date:

Notification Sent: