

2020/2021 CALAVERAS USD Household Economic Survey (Revised Oct 2020)

(Complete One per Household)

ALL CHILDREN RECEIVE SCHOOL MEALS AT NO CHARGE FOR THE 20-21 SCHOOL YEAR
COMPLETION OF THIS SURVEY DOES NOT AFFECT STUDENT'S ABILITY TO RECEIVE NO COST MEALS - DATA IS USED TO DETERMINE EDUCATION FUNDING.

THIS INFORMATION IS KEPT *STRICTLY CONFIDENTIAL* .

<https://calaverasusd.infinitecampus.org/campus/portal/calaverasUnified.jsp>

In lieu of this form, you may submit your information online through the Campus Parent Portal under More/Benefits:

SECTION A. CHILDREN INFORMATION

All Households Complete This Section. Enter all children's personal (earned) gross income, if any, and how often received.

Circle the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.

Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity)

A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander. A Foster Child is under the legal responsibility of a foster care agency or court.

LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	GRADE	Racial and Ethnic Identities: (Optional)		MARK "X" If Foster Child	Mark "X" if No Income	Child's Personal Earned Income	Source of Income (Work)?	Paid How Often? (Circle)	Enter Benefit TYPE: CalFresh, CalWORKS or FDIPIR	Enter Benefit CASE NUMBER
			Circle One Ethnic Identity	Circle one or more							
①			N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
②			N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
③			N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
④			N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
⑤			N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
⑥			N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school. Households with a Benefit Case Number for CalFresh/CalWORKS for a child listed above: skip Section B and complete Section C.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS:

Enter Gross Income Under each Income Type that the Household Member Receives and how often the Income is Received.

Use the following Income Codes for each amount: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

Adult's Full Name (Do not repeat names from Section A)	MARK "X" If No Income	Gross Earnings from Work Before Deductions, Include All jobs	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	Paid How Often?	Any Other Income, Including Temporary Income	Income Source?	Paid How Often?	Enter Benefit Type: CalFresh, CalWORKS or FDIPIR	Enter Benefit Case Number
<i>EXAMPLE: Richard, Larath</i>	<input type="checkbox"/>	\$ 199.98	W	\$ 141.65	Pension	Y	\$ 99.99	Child Support	M	\$ 550.00	Rental Income	M		
①	<input type="checkbox"/>	\$		\$			\$			\$				
②	<input type="checkbox"/>	\$		\$			\$			\$				
③	<input type="checkbox"/>	\$		\$			\$			\$				
④	<input type="checkbox"/>	\$		\$			\$			\$				
⑤	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form _____

Signature of adult household member completing this form _____

Date _____

DO NOT Write Below This Line-For School Use Only:

<p>Application Status:</p> <p><input type="checkbox"/> Approved based on:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Income</p> <p><input type="checkbox"/> Denied based on:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Income Too High</p> <p style="padding-left: 20px;"><input type="checkbox"/> Incomplete</p>	<p>HSLD Size: _____ HSLD Annual Income: \$ _____</p>	<p>_____ Determining Official's Signature _____ Date _____</p> <p>_____ Confirming Official's Signature _____ Date _____</p> <p>_____ Verification Official's Signature _____ Date _____</p>
<p>Annual Income Conversion Factors:</p> <p>Weekly X 52</p> <p>Every 2 Weeks X 26</p> <p>Twice A Month X 24, Monthly X 12</p>		