School Year 2022-2023 Century Community Charter School CEP INCOME SURVEY   Complete one survey per household.

Please read the instructions on how to complete. Print clearly with a pen. This institution is an equal opportunity provider.

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless**, **Migrant**, or **Runaway** are eligible for free meals.

Print the name of **EACH STUDENT** (First, Middle Initial, Last)	Enter **school name** and **grade level**		Enter **student's birthdate**	Check the applicable box if the student is **foster**, **homeless**, **migrant**, or **runaway**.			
				Foster	Homeless	Migrant	Runaway
EXAMPLE: Joseph P Adams	**Lincoln Elementary**	**1st**	**12-15-2010**	☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? **If NO**, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type: ☐ **CalFresh** ☐ **CalWORKs** ☐ **FDPIR**	Enter Case Number:

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned by all students listed in STEP 1. **Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

	Total Student Income	How Often
	$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1, **even if they do not receive income**. For each household member, report the **TOTAL GROSS** income (before deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. **Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly**

Print the name of **ALL OTHER** Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often
	$		$		$	
	$		$		$	
	$		$		$	
	$		$		$	

C. Total Household Members (Children and Adults) [ ]

D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member [ ][ ][ ][ ]   Check the box if **NO SSN** ☐

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this survey is true and that all income is reported.

Signature of adult completing this application:

X

Print Name:

Date: _____   Phone Number: _____

Mailing Address:

City: _____   State: ___   Zip: ___

E-mail:

DO NOT COMPLETE. SCHOOL USE ONLY	
How Often? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	Total Household Income $
Total Household Size [ ][ ] Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied)	☐ Categorical
Verified as: ☐ Homeless ☐ Migrant ☐ Runaway	☐ Error Prone
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:
Verifying Official's Signature:	Date:

OPTIONAL – CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional.

Ethnicity (check one):

☐ Hispanic or Latino   ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaskan Native   ☐ Asian   ☐ Black or African American

☐ Native Hawaiian or other Pacific Islander   ☐ White