

Educational Benefits Survey

Required for CEP Schools
Please return to your school by September 15, 2017

ONLY 1 FORM PER HOUSEHOLD

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household					
Name of Child(ren) attending a CRCSD K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories.**

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:	Category 3 – Total Annual Household Income Exceeds the Ranges:
1	<input type="checkbox"/> \$0 - \$15,678	<input type="checkbox"/> \$15,678 - \$22,311	<input type="checkbox"/>
2	<input type="checkbox"/> \$0 - \$21,112	<input type="checkbox"/> \$21,112 - \$30,044	<input type="checkbox"/>
3	<input type="checkbox"/> \$0 - \$26,546	<input type="checkbox"/> \$26,546 - \$37,777	<input type="checkbox"/>
4	<input type="checkbox"/> \$0 - \$31,980	<input type="checkbox"/> \$31,980 - \$45,510	<input type="checkbox"/>
5	<input type="checkbox"/> \$0 - \$37,414	<input type="checkbox"/> \$37,414 - \$53,243	<input type="checkbox"/>
6	<input type="checkbox"/> \$0 - \$42,848	<input type="checkbox"/> \$42,848 - \$60,976	<input type="checkbox"/>
7	<input type="checkbox"/> \$0 - \$48,282	<input type="checkbox"/> \$48,282 - \$68,709	<input type="checkbox"/>
8	<input type="checkbox"/> \$0 - \$53,716	<input type="checkbox"/> \$53,716 - \$76,442	<input type="checkbox"/>

If household size is greater than 8, list household size and total annual income below:

Household Size: _____ Total Annual Income: \$ _____

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Parent or Guardian Signature

Date

Print Name of Parent or Guardian

I choose not to participate in this survey and understand I will not be considered for additional benefits. Please complete Part I and III.

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Annual Household Income”? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

Iowa Non-Discrimination Statement: “It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>.”