

STATE & FEDERAL GOVERNMENT REQUIREMENT

Name of Child: \_\_\_\_\_

This information is requested by the State and Federal Government. Please check the item below which best corresponds to your family

**Racial/Ethnic Group: (if multiracial, indicate what races)**

- |   |  |
|---|--|
| <input type="checkbox"/> White (non-Hispanic) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black                | <input type="checkbox"/> Asian                             |
| <input type="checkbox"/> Hispanic             | <input type="checkbox"/> Pacific Islander                  |

**Poverty Level – (Family Income)**

- |   |   |
|---|---|
| A) <input type="checkbox"/> \$0-18,000      | E) <input type="checkbox"/> \$31,501-33,750   |
| B) <input type="checkbox"/> \$18,000-22,500 | F) <input type="checkbox"/> \$33,751-36,000   |
| C) <input type="checkbox"/> \$22,501-27,000 | G) <input type="checkbox"/> \$36,000 or above |
| D) <input type="checkbox"/> \$27,001-31,500 |   |

**Homeless Status (if homeless, please indicate current living arrangements)**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Homeless    | <input type="checkbox"/> Motel/Hotel |
| <input type="checkbox"/> Unsheltered | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Doubled-Up  | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Abandoned   | <input type="checkbox"/> N/A         |

\_\_\_\_ No    \_\_\_\_ Yes    LEP (Limited English Proficiency) Status

\_\_\_\_\_ If yes, primary language spoken in home

\_\_\_\_ No    \_\_\_\_ Yes    Migrant

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_