

STATE & FEDERAL GOVERNMENT REQUIREMENT
2017-2018

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"/> Doubled-UP | <input type="checkbox"/> Other |

____ No ____ Yes **LEP (Limited English Proficiency) Status**

_____ **If yes, primary language spoken in home**

____ No ____ Yes **Migrant**

Parent's Signature _____ Date _____