

Complete one survey per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

1. **STUDENT INFORMATION**—Include all students who attend Bay Tech Charter School. Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the Foster box. If you are only completing for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable Homeless, Migrant, or Runaway box and complete all STEPS of the survey.

2. **ASSISTANCE PROGRAMS**— Please indicate if any household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.

3. **REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**—Must report gross income (before deductions) from all household members (children and adults) in whole dollars. Enter 0 for any household member that does not receive income.
Report the combined gross income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and nonfoster children on the same application.

Print the names (first and last) of all other household members not listed in STEP 1, including yourself. Report the total gross income from each source and enter the appropriate pay period.

Enter the total household size (children and adults). This number must equal the listed household members from STEP 1 and STEP 3.

Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the NO SSN box.

4. **CONTACT INFORMATION AND ADULT SIGNATURE**—The survey must be signed by an adult household member. Print the name of the adult signing the survey, contact information, and today's date.

OPTIONAL- CHILDREN'S ETHNIC AND RACIAL IDENTITIES

This field is optional to complete. Please check the appropriate boxes.

QUESTIONS OR ASSISTANCE

Please contact Warren Wallace at wwallace@baytechschool.org or 510-382-9932.

SUBMIT

Please submit a complete form to your child's school or the nutrition office 8251 Fontaine St., Oakland, CA 94605.

Sincerely,
Warren Wallace
Bay Tech Charter School

School Year 2020-2021 Bay Tech Charter School 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

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.				
	EXAMPLE: Joseph P Adams	Lincoln Elementary		1st	12-15-2010	Foster	Homeless	Migrant
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	Enter Case Number:
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STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

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

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 <input type="checkbox"/>	

Signature of adult completing this survey: X	
Print Name:	
Date:	Phone Number:
Mailing Address:	
City:	State: Zip:
E-mail:	

DO NOT COMPLETE. SCHOOL USE ONLY			
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		Total Household Income	
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12		\$	
Total Household Size	Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	<input type="checkbox"/> Categorical	
	Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<input type="checkbox"/> 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):	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race (check one or more):	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White