

Your school participates in the Community Eligibility Provision, which means all students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child(ren) and school, please complete a household income form. Return form to: *[insert school information here]*

- **Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- **Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people in household		2. Select the appropriate range of combined annual income for all people in the household <i>(Include all income sources listed above, before taxes.)</i>	
1		\$0 - \$22,459	At or Above \$22,460
2		\$0 - \$30,451	At or Above \$30,452
3		\$0 - \$38,443	At or Above \$38,444
4		\$0 - \$46,435	At or Above \$46,436
5		\$0 - \$54,427	At or Above \$54,428
6		\$0 - \$62,419	At or Above \$62,420
7		\$0 - \$70,411	At or Above \$70,412
8		\$0 - \$78,403	At or Above \$78,404
9		\$0 - \$86,395	At or Above \$86,396
10		\$0 - \$94,387	At or Above \$94,388
11		\$0 - \$102,379	At or Above \$102,380
12		\$0 - \$110,371	At or Above \$110,372
If household size is more than 12, list the household size and total annual income below.			
Size: _____		Income: _____	

List all students in the household. If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

Student's First Name	Student's Last Name	Grade Level	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported."

Name of Adult Completing the Form (printed)

Signature Today's Date

Street Address (if available), Apt # City State Zip Code

(_____) Daytime Phone

Email (optional)

CHECKLIST

- Have you included all of your children as household members?
- Are both the household size and total household income range boxes checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Economically Disadvantaged (free/reduced) _____
Non-Economically Disadvantaged (paid) _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.