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07/28/21

For the Task Force on the Implementation of the Pupil Weighting Factors Report:

Examples of Alternative Household Income Forms Currently Being Used in Other States, and Approved for Use by the U.S. Department of Education

***NOTE** that states are permitted to collect additional information on the Alternative Household Income Form. The State of Vermont could likely design a form that collects additional data needed to determine pupil weighting, as well as information related to eligibility for other federal programs.

***NOTE** that while the income levels listed in “category 1” on forms 1-3 would need to be set to demarcate 185% of the Federal Poverty Level (\$49,025 for a family of 4) in order for the forms to be used to count the number of low-income students for purposes of Title I and other federal education funding, the State of Vermont could set the “category 2” income levels to a different measure of “low income”--for example, the JFO’s average household income (\$57,814 for a family of 4) required to meet basic needs.

***NOTE** that forms with pre-populated income ranges would need to be updated annually to reflect the new 185% FPL income limits by household size set by USDA.

Sample Form 1: This form collects information for multiple children in a household. Parents/guardians would calculate their annual income and select among income ranges.

Sample Form 2: This form collects information for multiple children in a household. Parents/guardians would list their income sources and amounts. The school would determine whether the income falls within specified ranges, as they do with the current school meal application.

Sample Form 3: This form collects information for multiple children in a household. Parents/guardians would select among income ranges, which are presented for various frequencies of payment (weekly, monthly, yearly, etc).

Sample Form 4: This form collects information for one child. Parents/guardians would provide their total income and household size. The school would determine whether the income falls within specified ranges.

Form designed by VT-AOE and used (pre-pandemic) by the 25% of Vermont public schools providing universal meals. The “category 1” income limits per household size on this form are for 130% FPL, and the “category 2” income limits are for 185% FPL. In Vermont, the current income cutoff for both school meals and 3SquaresVT is 185% FPL. Collecting data on 130% FPL is likely not necessary.

Household Income Data Collection – Sample Form 1 [District/School, SY] (Rev.10/14)

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 California 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:
1	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0
2	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0
3	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0
4	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0
5	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0
6	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0
7	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0
8	<input type="checkbox"/> \$0 - \$0	<input type="checkbox"/> \$0 - \$0

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

Household Size: _____ Total Annual Income: \$ _____

If your total annual household income exceeds the ranges above, check here:

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

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, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

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, including any amount received from CalWORKs.
- **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 CalFresh, 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.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

Household Income Data Collection – Sample Form 2 [District/School Name and SY] (Rev.10/13)

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 California 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 information for Household Size	
Total number of adults and children in Household:	
Circle one: 1 2 3 4 5 6 7 8 Other _____	
See back of this form for information on household size.	

PART III: Fill in the following for each source of Household Income					
Household Income reported by Frequency:					
Household Members	Amount if Paid Weekly	Amount if Paid Twice Per Month	Amount if Paid Every Other Week	Amount if Paid Monthly	Amount if Paid Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
All Additional Income	\$	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$	\$
Multiply Subtotal by:	X 52	X 24	X 26	X 12	
Total Income by Frequency	\$	\$	\$	\$	\$
Total Household Income (sum of all columns):					\$

PART IV: Signature		
<i>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.</i>		
_____	_____	_____
Parent or Guardian Signature	Date	Print Name of Parent or Guardian

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, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

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 “Total Household Income”? Total Household Income includes all of 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, including any amount received from CalWORKs.
- **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 CalFresh, 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 household income for pay received on a weekly, twice per month, every other week, monthly, and annual basis?

- For each household member determine the frequency in which income is received (weekly, twice per month, every other week, monthly, or annually) and enter amount in appropriate column. For example, if you are paid twice per month report the gross amount of your paycheck in the appropriate column.
- Repeat these steps for each source of income for each household member. If you have more sources of income than columns provided, report all additional income in the appropriate column.
- Add amounts reported in each column in the subtotal row. Multiply each subtotal by the appropriate number, as indicated on the form.
- Add all columns to determine the Total Household Income.

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.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

Household Income Data Collection – Sample Form 3 [District/School, SY] (Rev.10/14)

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 California 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 information for Household Size and Household Income

Determine your TOTAL Household Income based on ONE of the following: yearly, monthly, twice per month, every two weeks, or weekly income. (See back of this form for additional instructions.)

1. Determine the TOTAL number of individuals living in your household (in the far left column below) supported by the Total Household Income you are reporting.
2. Determine the TOTAL household income below that reflects that income.

*Example: if your household size is "4" (e.g., two adults and two children) and your total household income is \$28,000 a year (e.g., income of both adults), then your income falls within Category 1 because your total household income of \$28,000 a year is **less than \$0**.*

HOUSE-HOLD SIZE	Total Household Income – Category 1 INCOME DOES NOT EXCEED					Total Household Income – Category 2 INCOME DOES NOT EXCEED				
	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
	1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0

For each additional family member over 8, add:

\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Based on what you have determined above, check one of the following boxes:

Our Total Household Income falls within: Category 1 Category 2 Neither Category

PART III: Signature

I certify (promise) that 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

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, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

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 “Total Household Income”? Total Household Income includes all of 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, including any amount received from CalWORKs.
- **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 CalFresh, 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.

Do I report household income received on a yearly, monthly, twice a month, every two weeks, or weekly basis?

- You may report household income using whatever frequency you receive it.
- When reporting total household income on a yearly basis, report the yearly income for the current year. When reporting income on a monthly, twice per month, every two weeks, or weekly basis, report the income from your most recent paycheck.

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, use \$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.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

Household Income Data Collection – Sample Form 4 [District/School Name and SY] (Rev.10/13)

PART I: Fill in the following information for a student living in your household

LAST NAME

FIRST NAME

BIRTHDATE (MM / DD / YY)

SCHOOL (Write "NONE" if not in school)

GRADE

CLASSROOM

SCHOOL CODE

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____

2. Total Annual Household Income: \$

PART III: Parent or Guardian Information and 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

Parent or Guardian Printed Name

Date

HOME PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

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, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

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 “Total Household Income”? Total Household Income includes all of 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, including any amount received from CalWORKs.
- **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 CalFresh, 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 household income for pay received on a monthly, twice per month, bi-weekly, and 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 all annualized pay together to determine the total annual household income entered in Part II, 2.

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.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

HOUSEHOLD INCOME INFORMATION COLLECTION MATERIALS

PRE-KINDERGARTEN EDUCATION (PREK),
COMMUNITY ELIGIBILITY PROVISION & PROVISION 2



VT Agency of Education
Child Nutrition Programs

2020 - 2021

Dear District Coordinator:

This packet contains the Household Income Form that Pre-Kindergarten Education programs, CEP and Provision 2 schools must use to collect household size and income information that was previously collected using the Free and Reduced Price Meal Application. The income or economic status information is required for the Vt Census Data Collection. Please understand that this is not a form to determine eligibility for any additional school meal program benefits. As a participant in CEP (the Community Eligibility Provision) you may not use the Meal Application to determine free and reduced price status, however, schools may request that households in PreK programs and alternate provision schools, CEP and Provision 2, complete this form to determine economic status for use in assessment and determining eligibility for other state and federal programs that benefit the students as well as the school.

The pages are designed to be printed on 8½" by 11" paper. Some pages may be copied front and back. The **[bold, bracketed fields]** indicate where you need to insert school specific information. To distribute this form to households, first prepare the forms by entering your school name and/or letterhead and adding the information required in the 'bold, bracketed fields'. Next prepare the household income form by copying the Income Form back to back. Attach the Cover Letter to the households and distribute to all students. Once the household income form has been returned to the school, use the Income Eligibility Guidelines to make the determination of eligibility: "Meets the Guidelines" (free/reduced), or "Income over the Guidelines" (paid or not eligible). 3SquaresVT and Reach-Up participation should be indicated as "Meets the Guidelines." You may also create a master list of eligible students.

Also attached are the federal Income Eligibility Guidelines. In addition, the household income form lists the Reduced-Price Guidelines so determinations may be made using that. Please keep in mind that this income form may be used **ONLY** for schools participating in the PreK Program, Community Eligibility Provision, Provision 2, or schools that do not participate in the National School Lunch or Breakfast Programs. The form is intentionally different from the School Meals Application so that the two forms won't be confused. Schools that continue to serve free and reduced price school meals must use the Free and Reduced Price Lunch Meal Application. If you have any questions on the use of the form or its completion by parents or guardians, please contact me at the Agency of Education, Child Nutrition Programs, mary.krueger@vermont.gov or 802-828-1589.

Sincerely,
Rosie Krueger
State Director of Child Nutrition Programs

Child Nutrition Programs
INCOME ELIGIBILITY GUIDELINES
FREE AND REDUCED PRICE SCHOOL MEALS OR FREE SCHOOL MILK
School Year 2020 - 2021

Household Size	Free					Reduced Price				
	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	16,588	1,383	692	638	319	23,606	1,968	984	908	454
2	22,412	1,868	934	862	431	31,894	2,658	1,329	1,227	614
3	28,236	2,353	1,177	1,086	543	40,182	3,349	1,675	1,546	773
4	34,060	2,839	1,420	1,310	655	48,470	4,040	2,020	1,865	933
5	39,884	3,324	1,662	1,534	767	56,758	4,730	2,365	2,183	1,092
6	45,708	3,809	1,905	1,758	879	65,046	5,421	2,711	2,502	1,251
7	51,532	4,295	2,148	1,982	991	73,334	6,112	3,056	2,821	1,411
8	57,356	4,780	2,390	2,206	1,103	81,622	6,802	3,401	3,140	1,570
For each additional household member, add	5,824	486	243	224	112	8,288	691	346	319	160

[Insert School/SU Letterhead]

Dear Parent/Guardian:

Our school is participating the Pre-Kindergarten education program, the Community Eligibility Provision (CEP) or Provision 2 under the National School Lunch Program. Under CEP and Provision 2, *all students* receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits like supplemental tutoring, lower rates for the internet through Comcast, and assistance with fees for college entrance exams for your child(ren), you will need to complete a household income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: **[name, address, phone number]**.
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT SCHOOL, WHY SHOULD I COMPLETE THIS FORM? Many state and federal programs use household income information to determine eligibility for their programs. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge at school.
3. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[Signature]

[School Official Name]

[Title]

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
(Optional)

Email
(Optional)

CHECKLIST

- Have you included all 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: Meets the free guidelines _____
 Meets the reduced guidelines _____
 Income over the guidelines _____

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

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