

**DETERMINATION OF ELIGIBILITY FOR  
TITLE I, PART A AND SECTION 31a, AT-RISK FUNDING**

<b>INCOME ELIGIBILITY GUIDELINES FOR FREE MEALS IN 2021-22 SCHOOL YEAR</b>					
<b>Total Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$16,744	\$1,396	\$698	\$644	\$322
2	\$22,646	\$1,888	\$944	\$871	\$436
3	\$28,548	\$2,379	\$1,190	\$1,098	\$549
4	\$34,450	\$2,871	\$1,436	\$1,325	\$663
5	\$40,352	\$3,363	\$1,682	\$1,552	\$776
6	\$46,254	\$3,855	\$1,928	\$1,779	\$890
7	\$52,156	\$4,347	\$2,174	\$2,006	\$1003
8	\$58,058	\$4,839	\$2,420	\$2,233	\$1,117
For each additional family member, add	\$5,902	\$492	\$246	\$227	\$114

<b>INCOME ELIGIBILITY GUIDELINES FOR REDUCED-PRICE MEALS IN 2021-22 SCHOOL YEAR</b>					
<b>Total Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional family member, add	\$8,399	\$700	\$350	\$324	\$162

**If your entire household gets Food Stamps, FIP, or FDPIR**

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: If the student is new to the district/school check "Yes." List student(s) name, school, grade, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Skip this part.

**If you are applying for a homeless, migrant, or runaway child, check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Answer this question.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: If the student is new to the district/school, check "Yes." List each child's name, school, and grade.

Part 4: Follow these instructions to report total household income from last month.

**Column 1 – Name:**

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column 2 – Gross Income:**

- Next to each person's first and last name, list each type of income received last month. Next to the amount, circle how often the person got it (weekly, every other week, twice a month, or monthly).
  - *Earning from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
  - *All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Workers Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
  - If the person does not have any income, circle "NO" in the last column "Circle if NO Income."

Part 5: An adult household member must sign and date the form, and enter the last four digits of their **Social Security Number**, or check the box "I do not have a Social Security Number."

Part 6: Skip this part.

**Privacy Act Information: Social Security Number**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Determination of Eligibility for Title I, Part A and Section 31a, At-Risk Funding**

**Part 1 – Foster Child**  **YES**      \*\*Child’s spending money per month \$ \_\_\_\_\_ If none available, list \$0.

*Use a SEPARATE application for each FOSTER CHILD*

**Part 2 – Homeless**       **Migrant**       **Runaway**

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the: District/School Homeless Liaison or Migrant Coordinator at \_\_\_\_\_

**Part 3 – The names of all children in the household in school or the name of ONE Foster Child in school**

New Student	Student’s Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR?
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____
<input type="checkbox"/> YES				<input type="checkbox"/> NO <input type="checkbox"/> YES _____

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

**Part 4 – Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.**

	Earnings from work (Before taxes)		Welfare, child support, alimony		Pensions, retirement, Social Security		All other income		Circle if NO Income
	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	Weekly Every 2 weeks	Twice a Month Monthly	
Example Jane Doe	\$100	<u>Weekly</u>	\$500	<u>Monthly</u>					NO
		Weekly		Weekly					NO
		Weekly		Weekly					NO
		Weekly		Weekly					NO
		Weekly		Weekly					NO
		Weekly		Weekly					NO

**Part 5 – Signature and Social Security Number (Adult household member must sign.)**

If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or check the “I do not have a Social Security Number” box. (See Privacy Act Statement on the Instruction page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

**Sign Here:** X \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adult Social Security Number (Last 4 digits only):** XXX-XX-\_\_\_\_\_  **I do not have a Social Security Number**

**Part 6 – Foster Children:** In most cases foster children are eligible for free meals regardless of your household income. Foster home License Number: \_\_\_\_\_ (optional)

\_\_\_\_\_ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

\_\_\_\_\_ B. The child is a resident of a licensed “Group Foster” home or a residential institution.

\*\*Only the foster child’s spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.

*Do not fill out this part. This is for school use only.*

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size: \_\_\_\_\_ Total Gross Income: \$ \_\_\_\_\_ Week \_\_\_\_\_, Every 2 Weeks \_\_\_\_\_, Twice a Month \_\_\_\_\_, Month \_\_\_\_\_, Annual \_\_\_\_\_

Foster Child: \_\_\_\_\_ Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Temporary Free \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Reason for Denial: \_\_\_\_\_ Income too High \_\_\_\_\_ Incomplete Application \_\_\_\_\_ Other (specify) \_\_\_\_\_

Determining Official’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_