Dear Parent/Guardian:

Schools receive certain federal and state funding (Learning Assistance Program, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child’s school a way to collect household income information. This information makes sure your child’s school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to your child’s school or the Nutrition Services Office at 11807 24th Ave E in Tacoma.

**Part 1.** **ELIGIBILITY:** Figure out your total household income. Then look at the income chart below. Find your household size. **If your total household income is equal to or less than the amount listed for your household size, check the box.**

**Income Chart
Effective from July 1, 2023 through June 30, 2024**

|  |  |  |
| --- | --- | --- |
| **Check box that applies** | **Household Size** | **How Often Payment is Received** |
| **Annual** | **Monthly** | **Twice Per Month** | **Every Two Weeks** | **Weekly** |
| [ ]  | **1** | $26,973 | $2,248 | $1,124 | $1,038 | $519 |
| [ ]  | **2** | $36,482 | $3,041 | $1,521 | $1,404 | $702 |
| [ ]  | **3** | $45,991 | $3,833 | $1,917 | $1,769 | $885 |
| [ ]  | **4** | $55,500 | $4,625 | $2,313 | $2,135 | $1,068 |
| [ ]  | **5** | $65,009 | $5,418 | $2,709 | $2,501 | $1,251 |
| [ ]  | **6** | $74,518 | $6,210 | $3,105 | $2,867 | $1,434 |
| [ ]  | **7** | $84,027 | $7,003 | $3,502 | $3,232 | $1,616 |
| [ ]  | **8** | $93,536 | $7,795 | $3,898 | $3,598 | $1,799 |
| [ ]  | For each additionalhouseholdmember | $9,509 | $793 | $397 | $366 | $183 |
| [ ]  | Household does not qualify |

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you’re applying for a household with a foster child, you may include the foster child in the total household size.

**HOUSEHOLD INCOME** is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child’s personal income. Do not count foster payments as income.

**Part 2. STUDENTS/CONSENT TO SHARE:** Please fill in the following information for all children living with you that are attending school. If you qualify based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased or waived fees to participate in other school programs. You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

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| --- | --- | --- | --- | --- | --- | --- |
| **Student’s Name** | **Date of Birth** | **School** | **ASB-Athletics/Activities** | **Field Trips** | **Extra-Curricular Activities** | **College Bound Scholarship** |
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**Part 3.** **SIGNATURE:** I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand if I purposely give false information that I may be prosecuted. I understand my child’s poverty status may be shared with other programs/agencies as allowed by law.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Director of the Office of Equity and Civil Rights at 360-725-6162/TTY: 360-664-3631; or P.O. Box 47200, Olympia, WA 98504-7200; or equity@k12.wa.us.