

2019-2020 Alternate Household Income Form

Qualifying for Free and Reduced Lunches

The Gilbert School Food Service Program will be using a new format for qualifying for, Free and Reduced Lunches. Please follow the instructions below and Return form to: The Gilbert School Food Service Program, 200 Williams Avenue, Winsted, CT 06098. If you have any questions, you can contact Lynn Metcalf at 860-738-9304 or email at metcalfl@gilbertschool.org.

- 1. Select the total number of people in your household.** Be sure to include all children and adults, related and unrelated, that live in a single dwelling and share income and expenses.
- 2. 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>	
<input type="checkbox"/> 1	→	<input type="checkbox"/> \$0 - \$23,107
<input type="checkbox"/> 2	→	<input type="checkbox"/> At or Above \$23,108
<input type="checkbox"/> 3	→	<input type="checkbox"/> \$0 - \$31,284
<input type="checkbox"/> 4	→	<input type="checkbox"/> At or Above \$31,285
<input type="checkbox"/> 5	→	<input type="checkbox"/> \$0 - \$39,461
<input type="checkbox"/> 6	→	<input type="checkbox"/> At or Above \$39,462
<input type="checkbox"/> 7	→	<input type="checkbox"/> \$0 - \$47,638
<input type="checkbox"/> 8	→	<input type="checkbox"/> At or Above \$47,639
<input type="checkbox"/> 9	→	<input type="checkbox"/> \$0 - \$55,815
<input type="checkbox"/> 10	→	<input type="checkbox"/> At or Above \$55,816
<input type="checkbox"/> 11	→	<input type="checkbox"/> \$0 - \$63,992
<input type="checkbox"/> 12	→	<input type="checkbox"/> At or Above \$63,993
<input type="checkbox"/> 13	→	<input type="checkbox"/> \$0 - \$72,169
<input type="checkbox"/> 14	→	<input type="checkbox"/> At or Above \$72,170
<input type="checkbox"/> 15	→	<input type="checkbox"/> \$0 - \$80,346
<input type="checkbox"/> 16	→	<input type="checkbox"/> At or Above \$80,347
<input type="checkbox"/> 17	→	<input type="checkbox"/> \$0 - \$88,523
<input type="checkbox"/> 18	→	<input type="checkbox"/> At or Above \$88,524
<input type="checkbox"/> 19	→	<input type="checkbox"/> \$0 - \$96,700
<input type="checkbox"/> 20	→	<input type="checkbox"/> At or Above \$96,701
<input type="checkbox"/> 21	→	<input type="checkbox"/> \$0 - \$104,877
<input type="checkbox"/> 22	→	<input type="checkbox"/> At or Above \$104,878
<input type="checkbox"/> 23	→	<input type="checkbox"/> \$0 - \$113,054
<input type="checkbox"/> 24	→	<input type="checkbox"/> At or Above \$113,055
If household size is more than 12, list the household size and total annual income below.		
<input type="checkbox"/> Size: _____	<input type="checkbox"/> 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.