

**2020-2021 FAMILY INCOME SURVEY**

**(MUST BE RETURNED BY OCTOBER 15, 2020)**

All households are required to complete and submit no later than October 15, 2020. **PLEASE NOTE:** the information provided for submission in this survey **does not prohibit** your child/children from access to meals at **No Charge**.

Student(s) Name: (in attendance at Orange Ulster BOCES sites only, see list above)

1 \_\_\_\_\_ DOB \_\_\_\_\_

2 \_\_\_\_\_ DOB \_\_\_\_\_

3 \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Check box that applies	HOUSEHOLD ECONOMIC SURVEY	HOW OFTEN PAYMENT IS RECEIVED				
		EFFECTIVE JULY 1, 2020 TO JUNE 30, 2021				
	HOUSEHOLD SIZE	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
	1	\$ 23,606	\$ 1,968	\$ 984	\$ 908	\$ 454
	2	\$ 31,894	\$ 2,658	\$ 1,329	\$ 1,227	\$ 614
	3	\$ 40,182	\$ 3,349	\$ 1,675	\$ 1,546	\$ 773
	4	\$ 48,470	\$ 4,040	\$ 2,020	\$ 1,865	\$ 933
	5	\$ 56,758	\$ 4,730	\$ 2,365	\$ 2,183	\$ 1,092
	6	\$ 65,046	\$ 5,421	\$ 2,711	\$ 2,502	\$ 1,251
	7	\$ 73,334	\$ 6,112	\$ 3,056	\$ 2,821	\$ 1,411
	8	\$ 81,622	\$ 6,802	\$ 3,401	\$ 3,140	\$ 1,570
	Each Add'l person add	\$ 8,288	\$ 691	\$ 346	\$ 319	\$ 160
	HOUSEHOLD DOES NOT QAULIFY	IF YOUR HOUSEHOLD SIZE AND INCOME IS NOT REFLECTED ABOVE CHECK THE BOX ON THE LEFT				

*In Community Eligibility Schools, receipt of free breakfast and lunch meals does not depend on returning the Family Income Survey; however, this information is necessary for other programs.*

Continued...

Circle the answer

Is your income equal to or less than any of the amounts listed next to the number you circled?	Yes	No
Is your family participating in the Supplemental Nutrition Assistance Program (SNAP)?	Yes	No
Is your family participating in Temporary Aid to Needy Families (TANF)?	Yes	No
Is your family receiving Food Distribution Program on Indian Reservation (FDPIR)?	Yes	No
Do your students receive migrant, homeless or runaway education services?	Yes	No

**HOUSEHOLD** is defined as all persons, including parent's 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.

**SIGNATURE:** I certify (promise) that all information on this Household Economic Survey is true and that all income is accurately 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.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly.

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.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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