## **Orange East Supervisory Union**

#### 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 **the District Coordinator**.
- 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 802-222-5216, Ext. 6114

## 2021 - 2022 Household Income Form

### **Vermont Agency of Education**

Your school is participating in a Pre-Kindergarten education program, or may be Community Eligible or a Provision 2 school where *all* students qualify for free meals. However, to determine eligibility to receive <u>additional</u> benefits beyond free meals for your child/children in a PreK program, CEP or Provision 2 school, please complete the household income form. Return form to the District Coordinator.

- 1. In Section 1, check the box that shows the number of people in your household. Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- 2. In Section 2, check the box that shows the range of annual income for all people in your household. 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.
- 3. In Section 3, check the appropriate box if your household receives benefits from one of these programs.

programs			
1. Total No. of	2. Select the appropriate rang	ge of combined annual income for all people	e in the household
people in household	(Include all income sources list	ted above before taxes.)	
□ 1	☐ At or below - \$16,744	☐ Above \$16,744 & at or below \$23,828	☐ Above \$23,828
□ 2 →	☐ At or below - \$22,646	☐ Above \$22,646 & at or below \$32,227	☐ Above \$32,227
□ 3 →	☐ At or below - \$28,548	☐ Above \$28,548 & at or below \$40,626	☐ Above \$40,626
□ 4 →	☐ At or below - \$34,450	☐ Above \$34,450 & at or below \$49,025	☐ Above \$49,025
<b>□</b> 5 →	☐ At or below - \$40,352	☐ Above \$40,352 & at or below \$57,424	☐ Above \$57,424
$\Box$ 6 $\longrightarrow$	☐ At or below - \$46,254	☐ Above \$46,254 & at or below \$65,823	☐ Above \$65,823
□ 7 →	☐ At or below - \$52,156	☐ Above \$52,156 & at or below \$74,222	☐ Above \$74,222
□ 8 →	☐ At or below - \$58,058	☐ Above \$58,058 & at or below \$82,621	☐ Above \$82,621
□ 9 →	☐ At or below - \$63,960	☐ Above \$63,960 & at or below \$91,020	☐ Above \$91,020
□ 10 →	☐ At or below - \$69,862	☐ Above \$69,862 & at or below \$99,419	☐ Above \$99,419
□ 11 →	☐ At or below - \$75,764	☐ Above \$75,764 & at or below \$107,818	☐ Above \$107,818
□ 12 →	☐ At or below - \$81,666	☐ Above \$81,666 & at or below \$116,217	☐ Above \$116,217
	If household size is more than	12, list the household size and total annual	
	income below.		
□ Size:	☐ Income:		
3. Indicate if your ho from one of these pro	usehold receives assistance ograms:	□ 3SquaresVT	□ Reach-Up

**4. List all students in the household.** If any child you are reporting is in universal PreK; 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	Public or Private Universal PreK	Foster	Homeless, Migrant, Runaway	Head Start

# Contact information and adult signature

Name of Adult Com	npleting the Form (pri	nted)		
Signature		Toda	ay's Date	
Street Address (if av	vailable), Apt #	City	State	Zip Code
)				
Daytime Phone		Email		
Optional)		(Optional)		
CHECKLIST				
☐ Have you inclu	ded all your childre	n as household meml	oers?	
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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.

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To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint">https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint</a>, 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;
- 2. fax: (202) 690-7442; or
- 3. email: program.intake@usda.gov.

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