

**INCOME DETERMINATION FORM**  
**The Academy, District 460**  
**Idaho Public Charter School**

Charter LEAs, Private Schools or other LEAs that do **not** operate free and reduced-price lunch programs under the National School Lunch Program must acquire information about the number of students in the school whose families meet the same low-income eligibility guidelines in another manner.

*PRIVACY ACT STATEMENT: This explains how we will use the information you give us. Various federal programs require the information on this form. You do not have to give the information, but if you do not, the listed above LEA may not be eligible for amounts of federal funding calculated using the data. This form uses your eligibility information to help your Charter LEAs, Private Schools, or other LEAs evaluate, fund, or determine benefits for their Federal and some other programs. All information is highly confidential and must be handled accordingly by all program officers.*

Family Name or Foster Child Family Name \_\_\_\_\_

**INCOME ELIGIBILITY GUIDELINES**

Effective from July 1, 2020 to June 30, 2021

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	23,606 or less	1,968 or less	984 or less	908 or less	454 or less
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
9	89,910	7,493	3,747	3,459	1,730
10	98,198	8,184	4,093	3,778	1,890
11	106,486	8,875	4,439	4,097	2,050
12	114,774	9,566	4,785	4,416	2,210
For each additional family member add:	8,288	691	346	319	160

**INSTRUCTIONS:**

In addition to completing the adult signature, date, and address at the bottom of the page, please complete the section below (A-E) that applies to your household.

**STUDENTS WHO ARE FOSTER CHILDREN**

1. Each Foster Child needs a separate form
2. Based on child personal income

A. Name of Charter School your child(ren) is (are) attending: Connor Academy, District 460

B. Number of children attending Connor Academy: \_\_\_\_\_

Please provide names/grade of your children attending Connor Academy:

Name	Grade	Name	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Name of traditional public school(s) and district that serves the area in which your child(ren) resides: \_\_\_\_\_

D. Number of people living in the household: \_\_\_\_\_

E. Is your family or foster child's yearly, monthly or weekly income equal to or less than the amount on the income eligibility chart? \_\_\_ Yes \_\_\_ No

Please sign, date and return this form to the school office in a sealed envelope:

I certify that all of the information provided is true and correct. I understand that this information is being given for the receipt of federal funds.

\_\_\_\_\_  
Signature of Adult Household Member or Foster Parent

\_\_\_\_\_  
Printed Name of Adult Household Member or Foster Parent

\_\_\_\_\_  
Physical Address Street/Apt. Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Date Signed