

2023-2024 Family Income Survey (CEP Schools)

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 student's school or mail to Tenino School District PO Box 4024, Tenino, WA 98589 by 9/30/2022.

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
<input type="checkbox"/>	1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
<input type="checkbox"/>	2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
<input type="checkbox"/>	3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
<input type="checkbox"/>	4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
<input type="checkbox"/>	5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
<input type="checkbox"/>	6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
<input type="checkbox"/>	7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
<input type="checkbox"/>	8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
<input type="checkbox"/>	For each additional household member	\$9,509	\$793	\$397	\$366	\$183
<input type="checkbox"/>	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: Please fill in the following information for all children living with you that are attending school.

Student's Last Name	Student's First Name	MI	Date of Birth	School	Grade

Part 3. CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs (ASB, athletics, etc).

This consent is optional, and answering no to these consent questions will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared for each child by completing the yes/no fields below. This authorizes release of name and eligibility status only, no other information or demographics is allowed to be shared.

Tenino School District Fiscal Offices:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tenino School District Athletic Offices:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tenino School District ASB Offices:	YES <input type="checkbox"/> NO <input type="checkbox"/>

Part 4. 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: _____ Printed Name: _____

Date: _____ Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

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