

**2023-2024 Confidential Education Benefit Form for the Rosedale Union School District.**

**This form helps allocate State funds to support learning at your child's school.**

**STEP 1: Fill out the following information about your students. Please use BLUE or BLACK INK.**

[illegible]

**STEP 2: Read each item, then fill out the following about your household income and size.**

- CORRECT:** ☐ **INCORRECT:** ☐ ☒ ☐

CORRECT: ● INCORRECT: ○ ○ ○ ● ○ ○

2	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$2,137	<input type="radio"/> \$2,138 - \$3,041	<input type="radio"/> \$3,042 or more
3	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$2,694	<input type="radio"/> \$2695 - \$3,833	<input type="radio"/> \$ 3,834 or more
4	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$3,250	<input type="radio"/> \$3,251 - \$4,625	<input type="radio"/> \$4,626 or more
5	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$3,807	<input type="radio"/> \$3,808 - \$5,418	<input type="radio"/> \$5,419 or more
6	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$4,364	<input type="radio"/> \$4,365 - \$6,210	<input type="radio"/> \$6,211 or more
7	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$4,921	<input type="radio"/> \$4,922 - \$7,003	<input type="radio"/> \$7,004 or more
8	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$5,478	<input type="radio"/> \$5,479 - \$7,795	<input type="radio"/> \$7,796 or more
9	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$6,035	<input type="radio"/> \$6,036 - \$8,588	<input type="radio"/> \$8,589 or more
10	people living in my home and our total monthly Income is ...	<input type="radio"/> \$0 - \$6,592	<input type="radio"/> \$6,593- \$9,381	<input type="radio"/> \$9,382 or more

**If the household size is greater than 10,  
list household size and total monthly income:**

Household Size:   Total Monthly Income \$ \$ \$ \$ \$ \$

**STEP 3: Print, sign and date the form.**

I certify (promise) that the information provided on this form is true and I have included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

[illegible]

Printed FIRST NAME of adult household

[illegible]

Printed FIRST NAME of adult household member

**X SIGNATURE REQUIRED**

**Signature of adult household member completing this form**

M	M	D	D	Y	Y
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Date \_\_\_\_\_



*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.*

**Who should I include in "Household Size"?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

**What is included in "Annual Household Income"?** Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from Cal Fresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

**How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?**

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.**