



# Income Determination Form

## 2019-20 Idaho Charter LEAs and Private Schools

**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 charter school may not be eligible for amounts of federal funding calculated using the data. According to federal regulations governing the provision of certain federal programs, a low-income percentage is determined from a free and reduced lunch meal program and is used for eligibility purposes. Charter schools 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. This form uses free and reduced-price income levels as the threshold to determine your charter school's eligibility for the various federal programs. We MAY share your eligibility information with education and health programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules. 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, 2018 to June 30, 2019

Free Meals - 130%					HOUSEHOLD SIZE	Reduced Price Meals - 185%				
ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
15,782	1,316	658	607	304	1	22,459	1,872	936	864	432
21,398	1,784	892	823	412	2	30,451	2,538	1,269	1,172	586
27,014	2,252	1,126	1,039	520	3	38,443	3,204	1,602	1,479	740
32,630	2,720	1,360	1,255	628	4	46,435	3,870	1,935	1,786	893
38,246	3,188	1,594	1,471	736	5	54,427	4,536	2,268	2,094	1,047
43,862	3,656	1,828	1,687	844	6	62,419	5,202	2,601	2,401	1,201
49,478	4,124	2,062	1,903	952	7	70,411	5,868	2,934	2,709	1,355
55,094	4,592	2,296	2,119	1,060	8	78,403	6,534	3,267	3,016	1,508
60,710	5,060	2,530	2,335	1,168	9	86,395	7,200	3,600	3,324	1,662
66,326	5,528	2,764	2,551	1,276	10	94,387	7,866	3,933	3,632	1,816
71,942	5,996	2,998	2,767	1,384	11	102,379	8,532	4,266	3,940	1,970
77,558	6,464	3,232	2,983	1,492	12	110,371	9,198	4,599	4,248	2,124
5,616	468	234	216	108	For each additional family member add:	7,992	666	333	308	154

**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**

- Each Foster Child needs a separate form
- Based on child personal income

**ALL OTHER STUDENTS (including emancipated students)**

- All household members
- Gross income by the person

A. Name of Charter School your child(ren) is(are) attending:

\_\_\_\_\_

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

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*