Hanover High School
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603 643-3431

Contact person for questions about form: Brittany McClure at brittanymcclure@hanovernorwichschools.org

Voluntary Identification of Low-Income Students

This form is only for schools that do NOT participate in the National School Lunch Program (NSLP). This form does not automatically mean your child will receive a free breakfast or lunch, but is used to make a determination about your eligibility.

Why do we want to know about your household income? The number of low-income students attending our school is important because the New Hampshire Department of Education (NHED) uses this information to calculate State Adequacy Aid for districts and Charter School Tuition Aid. The number of low-income students is also used to calculate federal grant awards.

NHED's definition of low income uses the same household income thresholds used by the NSLP. Amounts are adjusted each year to account for inflation. Here is a link to the guidelines :https://www.fns.usda.gov/school-meals/income-eligibility-guidelines The current table is below.

This survey is voluntary. If you do not wish to participate, simply do not return the form.

Income Guidelines for the School Year July 1, 2026 – June 30, 2027

REDUCED PRICE MEAL GUIDELINES (185%)					
	INCOME (Equal to or Less Than)				
HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	$29, 526	$2,461	$1,231	$1,136	$568
2	$40,034	$3,337	$1,669	$1,540	$770
3	$50,542	$4,212	$2,106	$1,944	$972
4	$61,050	$5,088	$2,544	$2,349	$1,175
5	$71,558	$5,964	$2,982	$2,753	$1,377
6	$82,066	$6,839	$3,420	$3,157	$1,579
7	$92,574	$7,715	$3,858	$3,561	$1,781
8	$103,082	$8,591	$4,296	$3,965	$1,983
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD	$10,508	$876	$438	$405	$203

What is a household? It is a group of people who live together, share their income and expenses, and share at least some meals. It is not required that they be related family members. If a person pays rent for a room but does not share income and other expenses this person is not part of the household. Report this room rent as income in section 3. (The renter may qualify as a separate household.)

Who may submit this form? Submit ONLY if you can provide a case number in Section 1, OR you have a foster child to report in Section 2 , OR the household monthly income is below the amount shown in the chart. The head of a household may submit a form.

Do I need to complete Section 3, Household Income? Skip section 3 if you provide a case number in Section 1 or the only students in Section 2 are foster children. Otherwise, enter gross (before tax and withholdings) average monthly income for all children and adults, except foster children. Include overtime and occasional earnings to the extent you usually earn this amount each month. You must keep records, such as one month of pay stubs, for ALL earners. For cash earnings keep notes. Keep these records for one year.

Privacy Promise: The school will protect the confidentiality of information on this form, using it only to report to NHDOE the student ID number of a low-income student. The form will be kept in a locked location, and only persons that prepare the report will have access. Information will not be shared with any other government agency or other school staff.

Questions? Contact Brittany McClure, Student Admin Assistant (603)643-3431

Voluntary Identification of Low-Income Eligibility Students

Return this form to Brittany McClure at the HHS Main Office as soon as possible

READ INSTRUCTIONS BEFORE COMPLETING FORM

Section 1

If anyone in your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), or Family Assistance Program (FAP, formerly TANF) enter name and case number for that person.

Name:_____ SNAP FAP (circle one) **Case Number:** _____

Address:_____

Section 2 Please complete ONE form for the whole family.

	First Name and Middle Initial Only	Birthday Month & Day Only	Enter "**Foster**" if a Foster child (Automatically Qualifies)	**For School Use Only SASID**
1.				
2.				
3.				
4.				
5.				

Attach a second sheet if you have more than 5 students to report.

If you reported a SNAP or FAP case number in Section 1 OR all students listed in Section 2 are Foster, skip Section 3. All students are automatically qualified.

Section 3 Number of people (all ages) in household: _____ (see instructions)

Monthly Income of all household members except foster children	(Enter "0" if none)
1. Gross Monthly Earnings: Wages, Salary, Commissions	$
2. Monthly Welfare Payments, Child Support, Alimony	$
3. Monthly Payments from Pensions, Retirement, Social Security	$
4. Monthly Dividends or Interest on Savings	$
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	$
6. Other Monthly Income (Rent, SSI, VA, Disability, other)	$

Total Monthly Household Income (Add lines 1-6)	$

Section 4

I certify (promise) that this information is true and all required income is reported. If asked, I will provide income documents to verify this information. I expect that the school will abide by the privacy promise on the instructions page. I understand that if I purposely give false information I may be prosecuted.

Print Name:_____ Signature: _____ Date: _____