2023-2024 Alternate Household Income Form

Your school participates in the Community Eligibility Provision (CEP), which means all students eat school meals at no out-of-pocket cost. However, to determine eligibility to receive additional benefits (like a fee waiver or access to special income-based programs) for your child(ren) at the school level, please complete a household income form. Return form to: [*insert school contact information here*]

IMPORTANT NOTES: The submission of this form has no impact on receiving school meals. Not submitting this form may prevent you from receiving a fee waiver or getting access to certain income-based programs. Additional information may be required at the discretion of the school.

1. **Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
2. **Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people in household	**2. Select the appropriate range of combined annual income for all people in the household** *(Include all income sources listed above, before taxes.)*	
❑ 1	❑ $0 - $25,142	❑ At or Above $25,142
❑ 2	❑ $0 - $33,874	❑ At or Above $33,874
❑ 3	❑ $0 - $42,606	❑ At or Above $42,606
❑ 4	❑ $0 - $51,338	❑ At or Above $51,338
❑ 5	❑ $0 - $60,070	❑ At or Above $60,070
❑ 6	❑ $0 - $68,802	❑ At or Above $68,802
❑ 7	❑ $0 - $77,534	❑ At or Above $77,534
❑ 8	❑ $0 - $86,266	❑ At or Above $86,266
❑ 9	❑ $0 - $94,998	❑ At or Above $94,998
❑ 10	❑ $0 - $103,730	❑ At or Above $103,730
❑ 11	❑ $0 - $112,462	❑ At or Above $112,462
❑ 12	❑ $0 - $121,194	❑ At or Above $121,194
If household size is more than 12, list the household size and total annual income below.		
❑ Size: _____	❑ Income:	

Student's First Name	**Student's Last Name**	**Grade Level**	**School Child Attends**	**SNAP/TANF Benefits**	**Medicaid Benefits**	**Foster**	**Homeless, Migrant, Runaway**	**Head Start**

List all students in the household. If any student you are applying for: receives SNAP, TANF, and/or Medicaid benefits; is a foster child; is a homeless, migrant, runaway child; or attends Head Start, check the appropriate box.

If any child(ren) referenced above receive SNAP, TANF, and/or Medicaid benefits, please list the appropriate case number(s) here:

SNAP/TANF case number _____

Medicaid case number _____

Contact information and adult signature
"I certify (promise) that all information on this application is true and that all income is reported."

_____
Name of Adult Household Member Completing the Form (printed)

_____
Signature Today's Date

_____
Street Address (if available), Apt # City State Zip Code

(_____)_____
Daytime Phone Email (optional)

CHECKLIST

- ☐ Have you included all of your children as household members?
- ☐ Are ***both*** the household size and total household income range boxes checked?
- ☐ Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- ☐ Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Economic Status: Economically Disadvantaged (meeting income and household guidelines) _____
Non-Economically Disadvantaged (NOT meeting income and household guidelines) _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff):_____

Print Name: _____

Date: _____

IMPORTANT NOTES: Federal regulations mandate that all costs associated with distributing, collecting, and reviewing these household income forms must be paid with funds outside of the nonprofit school food service account. School food service personnel are not allowed to be involved in this process unless their labor expenses are paid by an alternative funding source outside of the nonprofit school food service account. All documentation is subject to federal and state audits.