



Account Number: _____

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.

**INCOME DETERMINATION FORM
For Idaho Charter Schools**

Family Name or Foster Child Family Name _____

**INCOME ELIGIBILITY GUIDELINES
Effective FROM July 1, 2016 to June 30, 2017**

CHILD NUTRITION PROGRAMS - CACFP, NSLP, SBP, SFSP										
INCOME ELIGIBILITY GUIDELINES										
Effective from July 1, 2015 to June 30, 2016										
Free Meals - 130%						Reduced Price Meals - 185%				
ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
15,301	1,276	638	589	295	1	21,775	1,815	908	838	419
20,709	1,726	863	797	399	2	29,471	2,456	1,228	1,134	567
26,117	2,177	1,089	1,005	503	3	37,167	3,098	1,549	1,430	715
31,525	2,628	1,314	1,213	607	4	44,863	3,739	1,870	1,726	863
36,933	3,078	1,539	1,421	711	5	52,559	4,380	2,190	2,022	1,011
42,341	3,529	1,765	1,629	815	6	60,255	5,022	2,511	2,318	1,159
47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
58,565	4,881	2,441	2,253	1,127	9	83,343	6,946	3,473	3,206	1,603
63,973	5,332	2,667	2,461	1,231	10	91,039	7,588	3,794	3,502	1,751
69,381	5,783	2,893	2,669	1,335	11	98,735	8,230	4,115	3,798	1,899
74,789	6,234	3,119	2,877	1,439	12	106,431	8,872	4,436	4,094	2,047
5,408	451	226	208	104	For each additional family member add:	7,696	642	321	296	148

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

1. Each Foster Child needs a separate form
2. Based on child personal income

ALL OTHER STUDENTS (including emancipated students)

1. All household members
2. Gross income by _____

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 _____