

INSTRUCTIONS

This form may be used to collect information that can be used to determine the amount of federal program services available to this school. It will be kept strictly confidential.

Section 1: Household and Individual Eligibility Methods: Indicate which method determines household or individual eligibility (foster children cannot extend eligibility to household members). Otherwise, indicate that the household is not eligible.

Section 2: Student Information: List the number of eligible children that attend this nonpublic school and the grade level of each eligible child. This section must be completed for ALL students that meet the eligibility criteria.

Use the following chart to determine if the household is eligible based on income. If the total amount of income of all household members (before taxes or anything else is taken out) exceeds the amount on this chart for your household size, the household is not eligible.

MAXIMUM INCOME TO BE ELIGIBLE – JULY 1, 2024 TO JUNE 30, 2025

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$19,578	\$1,632	\$377	\$27,861	\$2,322	\$536
2	26,572	2,215	511	37,814	3,152	728
3	33,566	2,798	646	47,767	3,981	919
4	40,560	3,380	780	57,720	4,810	1,110
5	47,554	3,963	915	67,673	5,640	1,302
6	54,548	4,546	1,049	77,626	6,469	1,493
7	61,542	5,129	1,184	87,579	7,299	1,685
8	68,536	5,712	1,318	97,532	8,128	1,876
Each add'l member	+ 6,994	+ 583	+ 135	+ 9,953	+830	+ 192

Section 3: Signature: All applications **MUST** have the signature of an adult household member. All applications must also have the physical address of the household.

Economic Deprivation Survey for Federal Program Participation
(Completed by Parent or Guardian of Nonpublic Student)

Instructions are on the next page. This information will be kept confidential. It will be used to determine the amount of federal program services available to the nonpublic school. Please contact your nonpublic school if you need assistance.

Section 1. Household Eligibility:

- Household is eligible based on receiving food stamps.
- Household is eligible based on income (see instructions).
- Household is not eligible.

Individual Eligibility

- Student is eligible as they are a foster child in the household (see instructions).

Section 2. Student Information: (This must be completed for ALL students that meet the eligibility criteria above.)

Number of children that attend this nonpublic school: _____

Current Grade level for each child: _____

Section 3: Signature: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of Federal Funds and will be kept confidential at the school.

Signature of Adult Household Member (Required)

Date

Physical Address:
