

**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:

\_\_\_\_\_

## 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, 2021 TO JUNE 30, 2022

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2021 to June 30, 2022											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>											
1 .....	12,880	23,828	1,986	993	917	459	16,744	1,396	698	644	322
2 .....	17,420	32,227	2,686	1,343	1,240	620	22,646	1,888	944	871	436
3 .....	21,960	40,626	3,386	1,693	1,563	782	28,548	2,379	1,190	1,098	549
4 .....	26,500	49,025	4,086	2,043	1,886	943	34,450	2,871	1,436	1,325	663
5 .....	31,040	57,424	4,786	2,393	2,209	1,105	40,352	3,363	1,682	1,552	776
6 .....	35,580	65,823	5,486	2,743	2,532	1,266	46,254	3,855	1,928	1,779	890
7 .....	40,120	74,222	6,186	3,093	2,855	1,428	52,156	4,347	2,174	2,006	1,003
8 .....	44,660	82,621	6,886	3,443	3,178	1,589	58,058	4,839	2,420	2,233	1,117
For each add'l family member, add	4,540	8,399	700	350	324	162	5,902	492	246	227	114

**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.