202	2-23	Aitei	nate Ho	usei	nola Incor	me Fc	rm						Complete one	orm p	er household	d					
Instruc	tions: Cli	ck or t	ap here to e	enter	text.		Retur	n this	s forn	n to: Cli	ck or	tap h	ere to enter te	ext.							
							Section	on 1	: Stı	ıdent Ir	nforr	natio	on								
	tions: Lis	t all stu	dents in the h	ouseh	old, through gr	ade 12. I	f any child yo	u are	listin	g is a foste	er chil	d; hom	eless, migrant, c	r runa	away; or atte	nds	Hea	ad Star	t, please	e check	the
						tudent's Last Name				Grade	School Child Attends				Foster	Homele Migra or Runaw	nt, Head				
"If more spaces are required for additional names, please attach on another sheet of paper.																					
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work, w insuran House l	velfare, cl nce, medic hold	nild sup		, pens	ions, retiremen								household. Mal r all other incom						any ded		
Size			\$0 up to \$25,142.00		\$0 up to \$33,874.00		\$0 up to \$42,606.00			\$0 up to \$51,338.00)		\$0 up to \$60,070.00		\$0 up to \$68,802.00	00		\$0 up \$77,5	o to 534.00		\$0 up to \$86,266.00
Rang	I +		\$25,142.01 or more		\$33,874.01 or more		\$42,606.01 or more			\$51,338.01 or more	1		\$60,070.01 or more		\$68,802.01 or more			\$77,5 or mo	534.01 ore		\$86,266.01 or more
If your household has 9 or more people, please enter your information here:								Household Size: Household Income: \$													
Sec	ction 3:	Shar	ing of Info	orma	tion for Loc	al Pro	grams	· [Sec	tion	4: Contact I	nfor	mation ar	d A	ιbΔ	ult Si	gnatu	re	
Section 3: Sharing of Information for Local Programs The information on this form may be shared with other programs that your child(ren) may qualify for only with your permission. Information will only be shared with the program if you check the box. Yes! I DO want school officials to share information from this form with							Section 4: Contact Information and Adult Signature "I certify (promise) that all information on this form is true, and that all income is reported."														
	Vest I DO want school officials to share information from this form with						gnature					Print Name									
Yes! I DO want school officials to share information from this form with				-	Stree	et Address						Apt#									

City

Phone Number

Zip Code

State Email

Address

Yes! I DO want school officials to share information from this form with

No! I DO NOT want school officials to share information from this form.

DO NOT COMPLETE THIS SECTION. FOR SCHOOL USE ONLY.

Economic Status:	To be completed by school or district staff member:							
Economically Disadvantaged (free/reduced)	I have reviewed the household income form on the reverse of this page and have concluded that i							
Non-Economically Disadvantaged (paid)	is properly and completely filled out to th	e best of my knowledge.						
	Signature: (school or district staff)							
	Print Name:							
	Date:							

Instructions for School or District Staff:

- All cost associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.
- Parental Approval is required to share any student eligibility information needed for local programs (such as fee waivers, backpack programs, etc.). The sharing of information section provides an opportunity for parents to provide that approval in the same form. All local programs that student level information is needed for must be listed in Section 3 by the school or district, so parents can opt into or out of them individually. Add more lines if necessary. Parental consent is not required for State reporting requirements, such as Title 1 or Parental Choice reporting.
- For any schools/districts utilizing this form and DO NOT participate in the USDA Child Nutrition Programs, please modify the instructions in the first section and remove all language regarding the Community Eligibility Provision.
- For schools not participating in the Community Eligibility Provision (CEP) or National School Lunch Program (NSLP) using the alternate household income form for WISE data reporting should report a student identified as economically disadvantaged on this form as "True" for Economically Disadvantaged Status and "Unknown" for Food Service Eligibility.