

Income Eligibility for School Funding and Student Services Form

Dear parent or guardian,

The state of California requires that schools submit a count of their economically disadvantaged, free and reduced meal eligible and socioeconomically disadvantaged students on an annual basis.

Economically disadvantaged and status meal eligibility are based on household size and total household income. Socio-economically disadvantaged status also considers parent/guardian education level. It is very important for schools to collect accurate information as these counts affect school funding and student services. All information will be kept confidential.

The California Department of Education (CDE) provides the following notes on household size:

A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution of boarding house, but who are living as one economic unit sharing housing and all significant income and expenses.

The US Department of Agriculture (USDA) provides the following notes on household income:

Income is any money received on a recurring basis, including gross earned income unless specifically excluded by statute. Gross earned income means all money earned before such deductions as income taxes, employee's social security taxes, insurance premiums, and bonds. Income includes, but is not limited to, earnings from work, welfare, child support, alimony, retirement/disability benefits, and any other money that may be available to pay for the child(ren)'s meals. Food Stamps and FDPIR benefits are not counted as income.

Please use the following chart to determine if your student(s) qualifies as economically disadvantaged, free meal eligible, and/or reduced price meal eligible:

Maximum total annual household income to qualify as:

		Effective from July 1, 2013 to June 30, 2014									
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS					FREE MEALS				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	11,490	21,257	1,772	886	818	409	14,937	1,245	623	575	288
2	15,510	28,694	2,392	1,196	1,104	552	20,163	1,681	841	776	388
3	19,530	36,131	3,011	1,506	1,390	695	25,389	2,116	1,058	977	489
4	23,550	43,568	3,631	1,816	1,676	838	30,615	2,552	1,276	1,178	589
5	27,570	51,005	4,251	2,126	1,962	981	35,841	2,987	1,494	1,379	690
6	31,590	58,442	4,871	2,436	2,248	1,124	41,067	3,423	1,712	1,580	790
7	35,610	65,879	5,490	2,745	2,534	1,267	46,293	3,858	1,929	1,781	891
8	39,630	73,316	6,110	3,055	2,820	1,410	51,519	4,294	2,147	1,982	991
For each add'l family member, add	4,020	7,437	620	310	287	144	5,226	436	218	201	101

APPLICATION FOR FREE AND REDUCED-PRICE MEALS OR FREE MILK FOR YU MING CHARTER SCHOOL YEAR _____

SECTION A. STUDENT INFORMATION: Complete this section by providing information for all of the children in your household.

STUDENT / CHILD INFORMATION			FOOD STAMP, CALWORKS, KIN-GAP, OR FDPIR BENEFITS		FOSTER CHILD (MUST HAVE SEPARATE APPLICATION)		FOR SCHOOL USE ONLY
LAST NAME	FIRST NAME	CURRENT SCHOOL (WRITE "N/A" IF NOT IN SCHOOL)	WRITE "YES" OR "NO"	IF "YES," WRITE CASE NUMBER BELOW	WRITE "YES" OR "NO"	IF "YES," ENTER CHILD'S MONTHLY "PERSONAL-USE" INCOME	STUDENT ID

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for **each** child, or if this application is for a foster child and you entered monthly personal-use income, go to signature block in Section C. **Foster Child:** In some cases foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for meal or milk benefits for them, please contact your school's food administrator.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security Income, or Adoption Assistance.

FULL NAME	GROSS MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	PENSION, RETIREMENT, SOCIAL SECURITY	WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME

SECTION C. I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM		TELEPHONE NUMBER ()	DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM		SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A)	
MAILING ADDRESS			
CITY	ZIP CODE	TOTAL ADULTS AND CHILDREN IN HOUSEHOLD	

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):

1. Mark one or more racial identities:				
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
2. Mark one ethnic identity:				
<input type="checkbox"/> Of Hispanic or Latino origin		<input type="checkbox"/> Not of Hispanic or Latino origin		
FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION				
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits				
Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination):			Direct Certified as: H M R	EP <input type="checkbox"/>
Year Round Track:	Household Size:	Household Income:		
Determining Official:	Date:	2 nd Review – Official:	Date:	
Verification Official:	Date:	Follow up:		