

FAMILY INCOME FORM

Dear Parent or Guardian:

Why should you complete the student income form if your child does not eat school meals?

The amount of federal funds your school building receives depends on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school.

These federal funds for additional educational services are known as Title I funds. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the public school building attendance area.

While the amount of money each school receives depends on the number of children from low-income families, the tutoring services are based on the academic need of students, regardless of income level.

What happens if you fill out this form?

- Your name will not be given out. Your name and your child's name are NOT required on the form.
- Your school building may be able to get more money.
- That money may be used to provide additional intervention services to eligible students and buy materials.
- Your child or other children may get extra help with reading and mathematics.

So, please fill out this form and return it to:

Please submit to Business Manager Kathy Barhorst at
k.mcgreevy@lehmancatholic.com.

Title I Student Income Form – School Year 2021 – 2022

To the Parent/Guardian: In order to determine if the school your child attends will receive federal Elementary and Secondary Education Act (ESEA) as amended by the Every Student Succeeds Act (ESSA) – Title I funds for reading and/or Mathematics or other services, specific income information is needed from you. Please complete this form and return it to your child’s school. One form should be completed for **each** family. Thank you for your cooperation.

Student Information: Please print the information below. Please note, name is NOT required, but other information is.

Name of Student (Required)	Grade (Required)	Name of School of Attendance (Required)	For Nonpublic Students Only: Name of Public District and School of Residence
Check if Child is: <input type="checkbox"/> Foster Child <input type="checkbox"/> Ward of Court <input type="checkbox"/> Welfare Recipient <input type="checkbox"/> Food Stamp Recipient			
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Calculating Household Income: In order to determine if the school your child attends will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated members in your household). See the list below of the types of income to report.

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker’s compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental security income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony

- Public assistance (welfare) payments
- Alimony/child support payments

Other Income

- Disability benefits
- Cash withdrawn from saving
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from person not living in the household
- Net royalties/annuities/net rental income
- Any other income

Household Income: In column 1 below, enter the total number of people living in the household, whether they receive income or not. Use either the 130% or 185% Income Guideline Chart below to indicate the most accurate household income. In column 2, enter the total amount of income of all those household members. The income can be the amount received per year, per month, or per week, but should be the total before taxes or anything else is taken out.

**Effective from July 1, 2021 to June 30, 2022
FREE MEALS - (130%)**

1	2	FOR SCHOOL USE ONLY					
		Income Guidelines for Title I building/attendance area eligibility					
		Household Size	Annual	Monthly	Twice per month	Every two weeks	Weekly
Total no. of people living in the household: _____	Total household income and frequency: \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Every two Weeks <input type="checkbox"/> Weekly	1.....	\$16,744	\$1,396	\$ 698	\$ 644	\$ 322
		2.....	\$22,646	\$1,888	\$ 944	\$ 871	\$ 436
		3.....	\$28,548	\$2,379	\$1,190	\$1,098	\$ 549
		4.....	\$34,450	\$2,871	\$1,436	\$1,325	\$ 663
		5.....	\$40,352	\$3,363	\$1,682	\$1,552	\$ 776
		6.....	\$46,254	\$3,855	\$1,928	\$1,779	\$ 890
		7.....	\$52,156	\$4,347	\$2,174	\$2,009	\$ 1,003
		8.....	\$58,058	\$4,839	\$2,420	\$2,233	\$1,117
			For each additional family member add		+\$ 5,902	+\$ 492	+\$ 246

**Effective from July 1, 2021 to June 30, 2022
REDUCED MEALS - (185%)**

1	2	FOR SCHOOL USE ONLY					
		Income Guidelines for Title I building/attendance area eligibility					
		Household Size	Annual	Monthly	Twice per month	Every two weeks	Weekly
Total no. of people living in the household: _____	Total household income and frequency: \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month <input type="checkbox"/> Every two Weeks <input type="checkbox"/> Weekly	1.....	\$23,828	\$1,986	\$ 993	\$ 917	\$ 459
		2.....	\$32,227	\$2,686	\$ 1,343	\$ 1,240	\$ 620
		3.....	\$40,626	\$3,386	\$1,693	\$1,563	\$ 782
		4.....	\$49,025	\$4,086	\$2,043	\$1,886	\$ 943
		5.....	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
		6.....	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
		7.....	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
		8.....	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
			For each additional family member add		+\$ 8,399	+\$ 700	+\$ 350

INCOME CONVERSION:

Weekly Income	x 52 = Annual Income
Every 2 Weeks Income (Every other week, Biweekly)	x 26 = Annual Income
Twice a Month Income (Biweekly)	x 24 = Annual Income

THIS CHART IS TO BE USED BY INSTITUTIONS, SCHOOLS, CENTERS AND SPONSORING ORGANIZATIONS TO APPROVE AND CATEGORIZE COMPLETE APPLICATIONS FOR FREE AND REDUCED-PRICE MEALS.

Required Parent/Guardian Information:

Address: _____
City/State/Zip: _____
Date: _____

FOR SCHOOL USE ONLY

Signature of School District: _____
Within Guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No