2023-24 Application for Income Eligibility (return completed form to the school)

List ALL Children in the household

Children in the Household: Any infant, child or student up to 12th grade that lives in your household.

Household Member: Anyone who lives with you who shares income and expenses, even if not related.

Child's First Name	MI	Child's Last Name	School	Grade	Student Y/N	

Report	Report Income for ALL Household Members								
Child In	ıcome: Sometin	nes children in t	the household e	arn income.					
	Total income e	earned by all Ch	ild Household M	lembers \$					
	Circle one:	Per Week	Bi-Weekly	2 X Month	Monthly	Yearly			
Adult Ir	ncome (includir	ng yourself): Lis	t ALL Household	Members not li	sted above eve	n if they do not			

Adult Income (including yourself): List ALL Household Members not listed above even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars. If they do not receive income, write "0".

First and Last Name of Adult	Income: Earnings from Work,	Per Week, Bi-Weekly, 2 X		
Household Members	Public Assistance, Child	Month, Monthly, or Yearly		
	Support, Alimony, Pension,			
	Retirement, All Other Income			

Total Household Members (Children and Adults	
---------------------------	---------------------	--

Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported."

Mailing Address	City	State	Zip Code	Phone

Printed Name of Adult Completing the Form	Signature of Adult Completing the Form	Date			

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2023 through June 30, 2024)

If more than one income is reported, all income should be converted to a yearly figure before a determination is made.

The conversion formula is as follows:

Monthly x 12

Twice a Month x 24

Every Two Weeks x 26

Weekly x 52

	Free Meals – 130%				Reduced-Price Meals – 185%					
Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	\$18,954	\$1,580	\$790	\$729	\$365	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$25,636	\$2,137	\$1,069	\$986	\$493	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$32,318	\$2,694	\$1,347	\$1,243	\$622	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$39,000	\$3,250	\$1,625	\$1,500	\$750	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$45,682	\$3,807	\$1,904	\$1,757	\$879	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add	\$6,682	\$557	\$279	\$257	\$129	\$9,509	\$793	\$397	\$366	\$183

Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620-2501

This institution is an equal opportunity provider.