**2022-23 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 Income for ALL Household Members**

**Child Income:** Sometimes children in the household earn income.

Total income earned by all Child Household Members $\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Per Week Bi-Weekly 2 X Month Monthly Yearly

**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 Household Members** | **Income: Earnings from Work, Public Assistance, Child Support, Alimony, Pension, Retirement, All Other Income** | **Per Week, Bi-Weekly, 2 X Month, Monthly, or Yearly** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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, 2022 through June 30, 2023)**

**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

|  |  |  |
| --- | --- | --- |
| Household Size | Free Meals – 130% | Reduced-Price Meals – 185% |
| Annual | Monthly | Twice a Month | Every Two Weeks | Weekly | Annual | Monthly | Twice a Month | Every Two Weeks | Weekly |
| 1 | $17,667 | $1,473 | $737 | $680 | $340 | $25,142 | $2,096 | $1,048 | $967 | $484 |
| 2 | $23,803 | $1,984 | $992 | $916 | $458 | $33,874 | $2,823 | $1,412 | $1,303 | $652 |
| 3 | $29,939 | $2,495 | $1,248 | $1,152 | $576 | $42,606 | $3,551 | $1,776 | $1,639 | $820 |
| 4 | $36,075 | $3,007 | $1,504 | $1,388 | $694 | $51,338 | $4,279 | $2,140 | $1,975 | $988 |
| 5 | $42,211 | $3,518 | $1,759 | $1,624 | $812 | $60,070 | $5,006 | $2,503 | $2,311 | $1,156 |
| 6 | $48,347 | $4,029 | $2,015 | $1,860 | $930 | $68,802 | $5,734 | $2,867 | $2,647 | $1,324 |
| 7 | $54,483 | $4,541 | $2,271 | $2,096 | $1,048 | $77,534 | $6,462 | $3,231 | $2,983 | $1,492 |
| 8 | $60,619 | $5,052 | $2,526 | $2,332 | $1,166 | $86,266 | $7,189 | $3,595 | $3,318 | $1,659 |
| For each additional family member,add | $6,136 | $512 | $256 | $236 | $118 | $8,732 | $728 | $364 | $336 | $168 |

Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620-2501 This institution is an equal opportunity provider