

14. Family Income Range Form

Dear Parent/Guardian:

Charter School of Inquiry participates in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP <u>all students</u> receive a breakfast/lunch at no charge for the entire school year. We do not request that you complete an application for free or reduced lunch based on income eligibility. We now are asking parents/guardians to complete a confidential household income form to determine eligibility to receive <u>additional</u> benefits for your child(ren).

Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form our school is able to determine eligibility for additional programs your child(ren) may qualify for. <u>Regardless, your child(ren) will still receive meals at no charge at school.</u>

You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. The information received is combined for all students at CSI to help our school qualify for federal Title I & II funds to support literacy and math instruction, assess educational progress, and decide eligibility for supplemental state and local nutrition programs.

Please use the chart below to determine your household income. Once you identify your level, please check the appropriate response category below.

Federal Guidelines for Free/Reduced Lunch Program:

# of people in household	1	2	3	4	5	6	7	8	Each additional person add
Annual	\$21,775	\$29,471	\$37,167	\$44.863	852,559	\$60.255	\$67.951	\$75,647	\$7.696
household		,	,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , ,	,,,,,,,
income less									
than									

Family Income – Per the above guidelines, d Reduced Price Lunch Program? YES #:	child would be eligible for the Federal Free or SNAP or TANF (if applicable)			
Parent/Guardian Name (Please Print):	 Date:			
Parent/Guardian Signature:				
Thank you.				