

Title I Student Income Form – School Year 2020 – 2021

To the Parent/Guardian: In order to determine if St. Bernadette School 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 (Not 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- Cash withdrawn from saving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

Please complete the information on the reverse side as well.

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One form per family must be submitted to the main office. Please return by Wednesday, September 2.

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, 2020 to June 30, 2021
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.....	\$16,558	\$1,383	\$ 692	\$ 638	\$ 319
		2.....	\$22,412	\$1,868	\$ 934	\$ 862	\$ 431
		3.....	\$28,236	\$2,353	\$1,177	\$1,086	\$ 543
		4.....	\$34,060	\$2,839	\$1,420	\$1,310	\$ 655
		5.....	\$39,884	\$3,324	\$1,662	\$1,534	\$ 767
		6.....	\$45,708	\$3,809	\$1,905	\$1,758	\$ 879
		7.....	\$51,532	\$4,295	\$2,148	\$1,982	\$ 991
		8.....	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103
			For each additional family member add	+ \$ 5,824	+ \$ 486	+ \$ 243	+ \$ 224

**Effective from July 1, 2020 to June 30, 2021
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.....	\$23,606	\$1,968	\$ 984	\$ 908	\$ 454
		2.....	\$31,894	\$2,658	\$ 1,329	\$ 1,227	\$ 614
		3.....	\$40,182	\$3,349	\$1,675	\$1,546	\$ 773
		4.....	\$48,470	\$4,040	\$2,020	\$1,865	\$ 933
		5.....	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
		6.....	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
		7.....	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
		8.....	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
			For each additional family member add	+ \$ 8,288	+ \$ 691	+ \$ 346	+ \$ 319

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

Check here if your annual family income is higher than either of the categories above, given your family size.

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