

Dear Parent/Legal Guardian:

STUDENT NAME: _____

(Last, First)

Our school may qualify for various federal and state grants this year. By taking the time to fill out this income survey, you can help us provide the additional resources necessary to serve all of our students. It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would qualify for free and reduced lunches if a program was offered. We do not currently have plans to offer a lunch program.

Eligibility Definition

1. Children who are members of food stamp households, California Work Opportunity and Responsibility to Kids (CalWORKs) assistance units, or receive benefits from the Food Distribution Program on Indian Reservations (FDIR) are automatically eligible regardless of the income of the household in which they reside.
2. Children from households whose income is at or below the levels shown are eligible for free or reduced price meals.

Effective from July 1, 2011 through June 30, 2012

Household Size (Circle One)	Federal Poverty Scale	Free & Reduced Lunch Scale		
	Annually	Annually	Monthly	Weekly
1	\$10,890	\$20,147	\$1,679	\$388
2	14,710	27,214	2,268	524
3	18,530	34,281	2,857	660
4	22,350	41,348	3,446	796
5	26,170	48,415	4,035	932
6	29,990	55,482	4,624	1,067
7	33,810	62,549	5,213	1,203
8	37,630	69,616	5,802	1,339
For each additional family member, add:	3,820	7,067	589	136

A. My student is NOT eligible.

My student would be eligible. (CHECK AND COMPLETE PART B or PART C)

B. Households with Food Stamps, California Work Opportunity and Responsibility to Kids (CalWORKs) or Food Distribution Program on Indian Reservations (FDPIR). **LIST CASE NUMBER.**
 Food stamp case number _____ CalWORKs case number _____ FDPIR case number _____

C. Income at or below the above levels. **(Complete ALL of Part C)**
 List each member of the household and indicate the monthly income.

Name	Gross earnings from work	Pension, retirement, social security	Welfare, benefits, child support, alimony	Any other monthly income

I certify that all of the above information is true and correct and that all income is reported.

 Parent/Guardian Signature

For School use only

FS/CALWORKS/FDPIR _____ Reviewed by: _____
 Income Household Size _____ Total Monthly Income _____ Date: _____
 (Check One): Free/Reduced lunch program Student does not qualify