# **Household Income INformation Collection Materials**

## Pre-KIndergarten Education (PreK),

## Community Eligibility Provision & Provision 2



VT Agency of Education

Child Nutrition Programs

2021 - 2022

Household Income Form & Instructions

Instructions School Year 2021-2022

Dear District Coordinator:

This packet contains the Household Income Form that Pre-Kindergarten Education programs, Community Eligibility Provision (CEP) and Provision 2 schools must use to collect household size and income information that was previously collected using the Free and Reduced Price Meal Application. The income or economic status information is required for the VT Census Data Collection. Please understand that this is not a form to determine eligibility for any additional school meal program benefits. As a participant in the CEP you may not use the Meal Application to determine free and reduced price status, however, schools may request that households in PreK programs and alternate provision schools, CEP and Provision 2, complete this form to determine economic status for use in assessment and determining eligibility for other state and federal programs that benefit the students as well as the school.

The pages are designed to be printed on 8½” by 11” paper. Some pages may be copied front and back. The **[bold, bracketed fields]** indicate where you need to insert school-specific information. To distribute this form to households, first prepare the forms by entering your school name and/or letterhead and adding the information required in the bold, bracketed fields. Next prepare the household income form by copying the Income Form back to back. Attach the Cover Letter to the households and distribute to all students. Once the household income form has been returned to the school, use the Income Eligibility Guidelines to make the determination of eligibility: “Meets the Guidelines” (free/reduced), or “Income over the Guidelines” (paid or not eligible). 3SquaresVT and Reach-Up participation should be indicated as “Meets the Guidelines.” You may also create a master list of eligible students.

Also attached are the federal Income Eligibility Guidelines. In addition, the household income form lists the Reduced-Price Guidelines so determinations may be made using that. Please keep in mind that this income form may be used **ONLY** for schools participating in the PreK Program, Community Eligibility Provision, Provision 2, or schools that do not participate in the National School Lunch or Breakfast Programs. The form is intentionally different from the School Meals Application so that the two forms won’t be confused. Schools that continue to serve free and reduced price school meals must use the Free and Reduced Price Lunch Meal Application. If you have any questions on the use of the form or its completion by parents or guardians, please contact me at the Agency of Education, Child Nutrition Programs, [mary.krueger@vermont.gov](mailto:mary.krueger@vermont.gov) or 802-828-1589.

Sincerely,

Rosie Krueger

State Director of Child Nutrition Programs

**Child Nutrition Programs**

INCOME ELIGIBILITY GUIDELINES

FREE AND REDUCED PRICE SCHOOL MEALS OR FREE SCHOOL MILK

**School Year 2021 - 2022**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Size** | **Free** | | | | | **Reduced Price** | | | | |
| **Yearly** | **Monthly** | **Twice Per Month** | **Every Two Weeks** | **Weekly** | **Yearly** | **Monthly** | **Twice Per Month** | **Every Two Weeks** | **Weekly** |
| 1 | 16,744 | 1,396 | 698 | 644 | 322 | 23,828 | 1,986 | 993 | 917 | 459 |
| 2 | 22,646 | 1,888 | 944 | 871 | 436 | 32,227 | 2,686 | 1,343 | 1,240 | 620 |
| 3 | 28,548 | 2,379 | 1,190 | 1,098 | 549 | 40,626 | 3,386 | 1,693 | 1,563 | 782 |
| 4 | 34,450 | 2,871 | 1,436 | 1,325 | 663 | 49,025 | 4,086 | 2,043 | 1,886 | 943 |
| 5 | 40,352 | 3,363 | 1,682 | 1,552 | 776 | 57,424 | 4,786 | 2,393 | 2,209 | 1,105 |
| 6 | 46,254 | 3,855 | 1,928 | 1,779 | 890 | 65,823 | 5,486 | 2,743 | 2,532 | 1,266 |
| 7 | 52,156 | 4,347 | 2,174 | 2,006 | 1,003 | 74,222 | 6,186 | 3,093 | 2,855 | 1,428 |
| 8 | 58,058 | 4,839 | 2,420 | 2,233 | 1,117 | 82,621 | 6,886 | 3,443 | 3,178 | 1,589 |
| For each additional household member, add | 5,902 | 492 | 246 | 227 | 114 | 8,399 | 700 | 350 | 324 | 162 |

**[Insert School/SU Letterhead]**

Dear Parent/Guardian:

Our school is participating the Pre-Kindergarten education program, the Community Eligibility Provision (CEP) or Provision 2 under the National School Lunch Program. Under CEP and Provision 2, *all students* receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits like supplemental tutoring, lower rates for the internet through Comcast, and assistance with fees for college entrance exams for your child(ren), you will need to complete a household income form.

1. Do I need to fill out a FORM for each child? No. Use one Household Income Form for all students in your household. We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: **[name, address, phone number]**.
2. My CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT **SCHOOL,** WHY SHOULD I COMPLETE THIS FORM? Many state and federal programs use household income information to determine eligibility for their programs. By completing this form your school is able to determine eligibility for additional programs your child(ren) may qualify for. Regardless, your child(ren) will still receive meals at no charge at **school.**
3. Who should I include as members of my household? 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. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. What if my income is not always the same?List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. We are in the military. do we include our housing allowance as income?Ifyou get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. My spouse is deployed to a combat zone. is his/her combat pay counted as income? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn’t received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call **[phone number]**.

Sincerely,

**[Signature]**

**[School Official Name]**

**[Title]**

2021 – 2022 Household Income Form

Vermont Agency of Education

Your school is participating in a Pre-Kindergarten education program, or may be Community Eligible or a Provision 2 school where ***all*** students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child/children in a PreK program, CEP or Provision 2 school, please complete the household income form. Return form to: **[*insert school information here*]**

1. **In Section 1,** **check the box that shows the number of people in your household**. Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
2. **In Section 2, check the box that shows the range of annual income for all people in your household.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.
3. **In Section 3, check the appropriate box if your household receives benefits from one of these programs.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Total No. of people in household** | | | **2. Select the appropriate range of combined annual income for all people in the household** *(Include all income sources listed above before taxes.)* | | | |
| ❑ 1 |  | | ❑ At or below - $16,744 | ❑ Above $16,744 & at or below $23,828 | | ❑ Above $23,828 |
| ❑ 2 |  | | ❑ At or below - $22,646 | ❑ Above $22,646 & at or below $32,227 | | ❑ Above $32,227 |
| ❑ 3 |  | | ❑ At or below - $28,548 | ❑ Above $28,548 & at or below $40,626 | | ❑ Above $40,626 |
| ❑ 4 |  | | ❑ At or below - $34,450 | ❑ Above $34,450 & at or below $49,025 | | ❑ Above $49,025 |
| ❑ 5 |  | | ❑ At or below - $40,352 | ❑ Above $40,352 & at or below $57,424 | | ❑ Above $57,424 |
| ❑ 6 |  | | ❑ At or below - $46,254 | ❑ Above $46,254 & at or below $65,823 | | ❑ Above $65,823 |
| ❑ 7 |  | | ❑ At or below - $52,156 | ❑ Above $52,156 & at or below $74,222 | | ❑ Above $74,222 |
| ❑ 8 |  | | ❑ At or below - $58,058 | ❑ Above $58,058 & at or below $82,621 | | ❑ Above $82,621 |
| ❑ 9 |  | | ❑ At or below - $63,960 | ❑ Above $63,960 & at or below $91,020 | | ❑ Above $91,020 |
| ❑ 10 |  | | ❑ At or below - $69,862 | ❑ Above $69,862 & at or below $99,419 | | ❑ Above $99,419 |
| ❑ 11 |  | | ❑ At or below - $75,764 | ❑ Above $75,764 & at or below $107,818 | | ❑ Above $107,818 |
| ❑ 12 |  | | ❑ At or below - $81,666 | ❑ Above $81,666 & at or below $116,217 | | ❑ Above $116,217 |
|  | | | If household size is more than 12, list the household size and total annual income below. | | |  |
| ❑ Size: \_\_\_\_\_ | |  | ❑ Income: | | |  |
| **3. Indicate if your household receives assistance from one of these programs:** | | | | | **❑** 3SquaresVT | **❑** Reach-Up |

1. **List all students in the household.** If any child you are reporting is in universal PreK; a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s First Name** | **Student’s Last Name** | **Grade Level** | **School Child Attends** | **Public or Private Universal PreK** | **Foster** | **Homeless, Migrant, Runaway** | **Head Start** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Contact information and adult signature**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Adult Completing the Form (printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Today’s Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (if available), Apt # City State Zip Code

( )

Daytime Phone Email

(Optional) (Optional)

**CHECKLIST**

Have you included all your children as household members?

Are *both* the household size and total household income range boxes checked?

Have you signed the form?

|  |
| --- |
| **DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.** |
| **Economic Status:** Meets the free guidelines \_\_\_\_\_\_\_  Meets the reduced guidelines \_\_\_\_\_\_\_  Income over the guidelines \_\_\_\_\_\_\_  *I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.*  Signature (of school or district staff):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account. |

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture   
   Office of the Assistant Secretary for Civil Rights   
   1400 Independence Avenue, SW   
   Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.