

Bernice A Ray School
 Hanover School District
 26 Reservoir Rd, Hanover NH 03755
 603 643 6655 x 2272

Contact person for questions about form: Della Domingue, Administrative Assistant

Voluntary Identification of Low Income Students

This form is only for schools that do NOT participate in the National School Lunch Program (NSLP). This form does not mean your child will receive a free lunch.

Why do we want to know about your household income? The number of low income students attending our school is important because the New Hampshire Department of Education (NHDOE) uses this information to calculate State Adequacy Aid for districts and Charter School Tuition Aid. In most cases, the State will provide an extra \$1,700 for each low income student. The number of low income students is also used to calculate federal grant awards.

NHDOE's definition of low income uses the same household income thresholds used by the NSLP. Amounts are adjusted each year to account for inflation. Here is a link to the guidelines: <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines> The current table is below.

This survey is voluntary. If you do not wish to participate, simply do not return the form.

Income Guidelines for the School Year July 1, 2020 – June 30, 2021

Household	Yearly	Monthly	Weekly
1	\$16,237	\$1,354	\$313
2	\$21,983	\$1,832	\$423
3	\$27,729	\$2,311	\$534
4	\$33,475	\$2,790	\$644

Household size	Yearly	Monthly	Weekly
5	\$39,221	\$3,269	\$755
6	\$44,967	\$3,748	\$865
7	\$50,713	\$4,227	\$976
8	\$56,459	\$4,705	\$1,086
Each additional person	+\$5,746	+\$479	+\$111

What is a household? It is a group of people who live together, share their income and expenses, and share at least some meals. It is not required that they be related family members. If a person pays rent for a room but does not share income and other expenses this person is not part of the household. Report this room rent as income in section 3. (The renter may qualify as a separate household.)

Who may submit this form? Submit ONLY if you can provide a case number in Section 1, OR you have a foster child to report in Section 2, OR the household monthly income is below the amount shown in the chart. The head of a household may submit a form.

Do I need to complete Section 3, Household Income? Skip section 3 if you provide a case number in Section 1 or the only students in Section 2 are foster children. Otherwise, enter gross (before tax and withholdings) average monthly income for all children and adults, except foster children. Include overtime and occasional earnings to the extent you usually earn this amount each month. You must keep records, such as one month of pay stubs, for ALL earners. For cash earnings keep notes. Keep these records for one year.

Privacy Promise: The school will protect the confidentiality of information on this form, using it only to report to NHDOE the student ID number of a low income student. The form will be kept in a locked location, and only persons that prepare the report will have access. Information will not be shared with any other government agency or other school staff.

Questions? Contact Della Domingue, Administrative Assistant, 603 643 6655, x2272

Voluntary Identification of Low Income Eligibility Students

Return this form to Della Domingue as soon as possible

READ INSTRUCTIONS BEFORE COMPLETING FORM

Section 1

If anyone in your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), or Family Assistance Program (FAP, formerly TANF) enter name and case number for that person.

Name: _____ SNAP FAP (circle one) Case Number: _____

Address: _____

Section 2

List ONLY students enrolled at this school.

	First Name and Middle Initial <u>Only</u>	Birthday Month & Day <u>Only</u>	Enter "Foster" if a Foster child (Automatically Qualifies)	For School Use Only SASID
1.				
2.				
3.				
4.				
5.				

Attach a second sheet if you have more than 5 students to report.

If you reported a SNAP or FAP case number in Section 1 OR all students listed in Section 2 are Foster, skip Section 3. All students are automatically qualified.

Section 3 Number of people (all ages) in household: _____ (see instructions)

Monthly Income of all household members <u>except foster children</u>	(Enter "0" if none)
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$
2. Monthly Welfare Payments, Child Support, Alimony	\$
3. Monthly Payments from Pensions, Retirement, Social Security	\$
4. Monthly Dividends or Interest on Savings	\$
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$
6. Other Monthly Income (Rent, SSI, VA, Disability, other)	\$
Total Monthly Household Income (Add lines 1-6)	\$

Section 4

I certify (promise) that this information is true and all required income is reported. If asked, I will provide income documents to verify this information. I expect that the school will abide by the privacy promise on the instructions page. I understand that if I purposely give false information I may be prosecuted.

Print Name: _____ Signature: _____ Date: _____

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **We must have your permission to share your information with the following programs. Sending in this form will not change whether your children get free or reduced price meals.**

No! I **DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **School Counselors for Holiday Baskets, Summer Camp Program assistance, etc. All information is kept confidential.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Laura Perras, School Nurse for family related needs should they arise. All information is kept confidential.**

Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.
All information is kept confidential.

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call Della Domingue at 603 643 6655x2272
Return this form to: Della Domingue, Bernice Ray School, 26 Reservoir Rd, Hanover NH
03755