

**ALTERNATIVE FORM TO DETERMINE ELIGIBILITY FOR
FEDERAL EDUCATION FUNDING 2017-18**
(School does not participate in the federal meal program)

PLEASE PRINT

Parent Name

Address

City

Zip

Phone

School

Children. Please write the names of children attending this school. If you need more space write them on the back.

Name	Grade	Is he/she a Foster child? YES	NO
Name	Grade	Is he/she a Foster child? YES	NO
Name	Grade	Is he/she a Foster child? YES	NO
Name	Grade	Is he/she a Foster child? YES	NO

1. Circle your household size (all adults and children living with you) in the first column.

2. Choose **one column** - circle your maximum household income.

TOTAL HOUSEHOLD INCOME - MAXIMUM

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week	Our Income is More
1	\$22,311	\$1,860	\$ 930	\$ 859	\$ 430	Yes
2	\$30,044	\$2,504	\$1,252	\$1,156	\$ 578	Yes
3	\$37,777	\$3,149	\$1,575	\$1,453	\$ 727	Yes
4	\$45,510	\$3,793	\$1,897	\$1,751	\$ 876	Yes
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024	Yes
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173	Yes
7	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322	Yes
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471	Yes
For each additional household member, add:	\$ 7,696	\$ 642	\$ 321	\$ 296	\$ 148	

3. Are you receiving assistance from:

- | | | |
|---|-----|----|
| a. Minnesota Family Investment Plan (MFIP) | YES | NO |
| b. Supplemental Nutrition Assistance Program (SNAP) | YES | NO |

Verification: Federal Program auditors may request documentation of this information at any time during the school year.

Parent Signature

Date

THANK YOU FOR YOUR HELP