

# ALTERNATIVE FORM TO DETERMINE ELIGIBILITY FOR FEDERAL EDUCATION FUNDING 2016-17

(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

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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	\$21,978	\$1,832	\$ 916	\$ 846	\$ 423	Yes
2	\$29,637	\$2,470	\$1,235	\$1,140	\$ 570	Yes
3	\$37,296	\$3,108	\$1,554	\$1,435	\$ 718	Yes
4	44,955	\$3,747	\$1,874	\$1,730	\$ 865	Yes
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012	Yes
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160	Yes
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307	Yes
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455	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