MARY M. KNIGHT School District

School Year 2023-24 Family Income Surv

OR The Mary M. Knight School Office Return this form to: Kitty Brehmeyer,

might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey. households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from

Step 1: List all students living with you that are attending school

Student's Last Name	Student's First Name	irst	Vame		Middle Initial		Date of Birth	Sirth					School	<u>8</u>						Grade	į
						 															
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tep 2: Are any of the listed students: In Foster Care Experiencing Homelessness	s: In Foster C	`are[. : \$\frac{1}{8}	periend	ing H	omel	essness		(ecei	/ing Mi	grant	Receiving Migrant Education Services	ices								
tep 4: Household Income: List all household members even if they do not receive income. For each household member listed, re	participate in: pusehold membe	ers ev	en if	they d	o not i	recei	/e incon	ne. Fo	or eac	h hous	ehok	eservation (FDPIR) d member listed, report total gross income (before taxes and deductions)	, repo	ort to	tal gros	s inc	ome (before t	axes	and c	deduction	ons)
Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pu Assist Ch Sup Alin	Public Assistance/ Child Support/ Alimony	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pensions/ Retirement/ Social Security (SSI)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Any Other Income Not Already Listed	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly
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tep 5: Contact Information & Signature	ture																				L

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based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law I promise that the information on this income survey is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds

Mailing Address	Printed Name of Adult Household Member
City, State, & Zip Code	Adult Household Member Signature
Daytime Phone	E-mail Address
Date	

submitted to USDA by: Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or Fax:833-256-1665 or 202-690-7442; or Email: USDA In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be Discrimination Complaint Form (link is external), from any USDA office, by calling 866-632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a Complainant should complete Form AD-3027, USDA Program alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require

Program intake(link is external) This institution is an equal opportunity provider

	Date Notice Sent	Family Incon	APPROVAL:	ANNUAL	
		Family Income Survey qualifies for household at or below the income eligibility guidelines listed below:	☐ Basic Food/TANF/FDPIR/Foster☐ Income Household	ANNUAL INCOME CONVERSION: Weekly \times 52; Bi-Weekly \times 26; Twice per month \times 24; Monthly \times 12.	
Income Eligibility Guidelines Effective from July 1, 2023, through June 30,	Signature of Approving Official	the income eligibility guidelines listed below:	Total Household Size Total Household Income \$	$y \times 26$; Twice per month $\times 24$; Monthly $\times 12$.	SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE
uidelines rough June 30, 20	Date	□Yes		(Do NOT co	RITE BELOW THIS
2024		□ No	Weekly	(Do NOT convert to annual income unless household reports multiple pay frequencies).	LINE
			Bi-Weekly □	ne unless househ	
			2x per Month	old reports multiple	
			Monthly Annual	e pay freque	
			Annual	ncies).	

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For each additional household member, add:	88	7	6	5	4	3	2	ъ	Household Size	
\$9,509	\$93,536	\$84,027	\$74,518	\$65,009	\$55,500	\$45,991	\$36,482	\$26,973	Annual	
\$793	\$7,795	\$7,003	\$6,210	\$5,418	\$4,625	\$3,833	\$3,041	\$2,248	Monthly	
\$397	\$3,898	\$3,502	\$3,105	\$2,709	\$2,313	\$1,917	\$1,521	\$1,124	Twice Per Month	Income
\$366	\$3,598	\$3,232	\$2,867	\$2,501	\$2,135	\$1,769	\$1,404	\$1,038	Every Two Weeks	
\$183	\$1,799	\$1,616	\$1,434	\$1,251	\$1,068	\$885	\$702	\$519	Weekly	