# Alternative Form to Determine Eligibilityfor Federal Education Funding 2023-24

(School does not participate in the federal meal program)

**Please Print**

Parent/Guardian Name: Address:

City: ZIP: Phone:

School:

Children: Write the names of children attending this school. If you need more space, continue on the back of this form.

Name: Grade: Foster child? [ ] Yes [ ] No

Name: Grade: Foster child? [ ] Yes [ ] No

Name: Grade: Foster child? [ ] Yes [ ] No

Name: Grade: Foster child? [ ] Yes [ ] No

## Total Household Income – Maximum

1. **Circle your household size** (all adults and children living with you) in the first column.
2. **Circle your maximum household income** (from the corresponding income column).

| **Household size** | **$ Per Year** | **$ Per Month** | **$ Twice Per Month** | **$ Per 2 Weeks** | **$ Per Week** | **Our income is more** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 26,973 | 2,248 | 1,124 | 1,038 | 519 | Yes |
| 2 | 36,482 | 3,041 | 1,521 | 1,404 | 702 | Yes |
| 3 | 45,991 | 3,833 | 1,917 | 1,769 | 885 | Yes |
| 4 | 55,500 | 4,625 | 2,313 | 2,135 | 1,068 | Yes |
| 5 | 65,009 | 5,418 | 2,709 | 2,501 | 1,251 | Yes |
| 6 | 74,518 | 6,210 | 3,105 | 2,867 | 1,434 | Yes |
| 7 | 84,027 | 7,003 | 3,502 | 3,232 | 1,616 | Yes |
| 8 | 93,536 | 7,795 | 3,898 | 3,598 | 1,799 | Yes |
| Add for each additional person | 9,509 | 793 | 397 | 366 | 183 | n/a |

1. Are you receiving assistance from:
	1. Minnesota Family Investment Plan (MFIP) [ ] Yes [ ] No
	2. 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/Guardian Signature: Date:

Thank you for your help!