



# Income Determination Form

2024-2025 Federal Funding School Year

Idaho Charter LEAs, Private Schools, or other LEAs (if applicable) that are **not** on the National School Lunch Program

*PRIVACY ACT STATEMENT: This explains how we will use the information you give us. Various federal programs require the information on this form. **You do not have to provide the information, but if you do not, LEAs may not be eligible for amounts of federal funding calculated using the data.** This form uses your eligibility information to help your Charter LEAs, Private Schools, or other LEAs evaluate, fund, or determine benefits for their Federal and some other programs. All information is highly confidential and must be handled accordingly by all program officers.*

Charter LEAs, Private schools or other LEAs that do **not** operate free and reduced-price lunch programs under the National School Lunch Program must acquire information about the number of students in the school whose families meet the same low-income eligibility guidelines in another manner.

Family Name or Foster Child Family Name \_\_\_\_\_

## INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2024 to June 30, 2025

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	23,828 or less	1,986 or less	993 or less	917 or less	459 or less
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member add:	8,399	700	350	324	162

**INSTRUCTIONS**

- In addition to completing the adult signature, date and address at the bottom of the page, please complete the section below (A-E) that applies to your household.

**STUDENTS WHO ARE FOSTER CHILDREN**

- Each Foster Child needs a separate form
- Based on child personal income

**ALL OTHER STUDENTS (including emancipated students)**

- All household members
- Gross income by the person

A. Name of a School your child(ren) is(are) attending:

\_\_\_\_\_

B. Number of children attending: \_\_\_\_\_

C. Name of traditional public school(s) and district that serves the area in which your child(ren) resides:

\_\_\_\_\_

\_\_\_\_\_

D. Number of people living in the household: \_\_\_\_\_

E. Is your family or foster child's yearly, monthly or weekly income equal to or less than the amount on the income eligibility chart? \_\_\_\_ Yes \_\_\_\_ No

**Please sign, date and return this form to the school office in a sealed envelope:**

I certify that all of the information provided is true and correct. I understand that this information is being given for the receipt of federal funds.

\_\_\_\_\_  
*Signature of Adult Household Member or Foster Parent*

\_\_\_\_\_  
*Printed Name of Adult Household Member or Foster Parent*

\_\_\_\_\_  
*Physical Address Street/Apt. Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Date Signed*