



THE FOUNDERS ACADEMY

Alternative Low-Income Form

(Updated: July 28, 2020)

This form is only for schools that do not participate in the National School Lunch Program (NSLP). Many charter schools do not have school lunch programs. Founders provides snacks, free lunch options as available, a waiver of all fees for day field trips and costs associated with high school bus tickets for each student who is eligible.

Why do public schools ask about your household income? The number of students who attend Founders and qualify is important because the New Hampshire Department of Education (NHDOE) uses this information to calculate State Adequacy Aid for districts and Charter School Tuition Aid. In most cases, the **State will provide an extra \$1,700 for each low-income student**. This number is also used to calculate different federal and state grants and programs. This may include a reduction in the school utilities, money for different educational programs, teacher debt forgiveness for a portion of their student loans and many other opportunities that benefit the school.

What is a household? It is a group of people who live together, share their income and expenses, and share at least some meals. It is not required that they be related family members. If a person pays rent for a room but does not share income and other expenses this person is not part of the household. Report this room rent as income in section 3. (The renter may qualify as a separate household.)

Who may submit this form?

- Submit only if you can provide a case number in Section 1
 - OR you have a foster child to report in Section 2
 - **OR the household monthly income is below the amount shown in the chart.**
 - The head of a household may submit a form.

Do I need to complete Section 3, Household Income? *Skip section 3 if you provide a case number in Section 1 or the only students in Section 2 are foster children.* Otherwise, enter gross (before tax and withholdings) average monthly income for all children and adults, except foster children. Include overtime and occasional earnings to the extent you usually earn this amount each month. You must keep records, such as one month of pay stubs, for ALL earners. For cash earnings keep notes. Keep these records for one year.

Privacy Promise: The school will protect the confidentiality of information on this form, using it only to report to NHDOE the student ID number of a low-income student. The form will be kept in a locked location, and only persons that prepare the report will have access. Information will not be shared with any other government agency or other school staff.

FEDERAL ELIGIBILITY INCOME CHART based on NSLP guidelines for school year 2020-2021

| HOUSEHOLD SIZE | ANNUALLY | MONTHLY | WEEKLY |
|-------------------------------|-----------|---------|--------|
| 1 | \$23,606 | \$1968 | \$454 |
| 2 | \$ 31,894 | \$2658 | \$614 |
| 3 | \$ 40,182 | \$3349 | \$773 |
| 4 | \$ 48,470 | \$4040 | \$933 |
| 5 | \$ 56,758 | \$4730 | \$1092 |
| 6 | \$65,046 | \$5421 | \$1251 |
| 7 | \$73,334 | \$6112 | \$1411 |
| 8 | \$81,622 | \$6802 | \$1570 |
| EACH ADDITIONAL FAMILY MEMBER | \$8288 | \$691 | \$160 |

Voluntary Identification of Low-Income Eligibility Students

Section 1

If anyone in your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), or Family Assistance Program (FAP, formerly TANF) enter name and case number for that person.

Name: _____ SNAP FAP (circle one) Case Number: _____

Section 2 List ONLY students enrolled at this school on October 29th, 2020.

| | First Name and Middle Initial <u>Only</u> | Birthday Month & Day <u>Only</u> | Enter "Foster" if a Foster Child (Automatically Qualifies) | For School Use Only SASID |
|----|---|----------------------------------|--|---------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Attach a second sheet if you have more than 5 students to report.

If you reported a SNAP or FAP case number in Section 1 OR all students listed in Section 2 are Foster, skip Section 3. All students are automatically qualified.

Section 3 Number of people (all ages) in household: _____ (see instructions)

| | |
|---|---------------------|
| Monthly Income of all household members <u>except foster children</u> | (Enter "0" if none) |
| 1. Gross Monthly Earnings: Wages, Salary, Commissions | \$ |
| 2. Monthly Welfare Payments, Child Support, Alimony | \$ |
| 3. Monthly Payments from Pensions, Retirements, Social Security | \$ |
| 4. Monthly Dividends or Interest on Savings | \$ |
| 5. Monthly Worker's Compensation, Unemployment, Strike Benefit | \$ |
| 6. Other Monthly Income (Rent, SSI, VA, Disability, other) | \$ |
| Total Monthly Household Income (Add lines 1-6) | \$ |

Section 4

I certify (promise) that this information is true, and all required income is reported. If asked, I will provide income documents to verify this information. I expect that the school will abide by the privacy promise on the instructions page. I understand that if I purposely give false information I may be prosecuted.

Print Name: _____ Signature: _____

Date: _____

Return this form in an envelope to Melissa Moyer by October 31st, 2020.