CHEHALIS SCHOOL DISTRICT

School Year 2023-24 Family Income Survey

Return this form to: 310 SW 16TH STREET, CHEHALIS CALL: 360-807-7200, ext 0

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 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 might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

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

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

Step 2: Are any of the listed students: 🗌 In Foster Care 🗌 Experiencing Homelessness 🗌 Receiving Migrant Education Services

Step 3: Do any household members participate in: Basic Food TANF Food Distribution on Indian Reservation (FDPIR)

Step 4: Household Income: List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

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	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
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

Step 5: Contact Information & Signature

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 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.

Printed Name of Adult Household Member	Adult Household Member Signature	E-mail Address		
Mailing Address	City, State, & Zip Code	Daytime Phone	Date	
INSERT DISTRICT NAME School District's Non-Discrimination St	tatement			
INSERT DISTRICT'S NON-DISCRIMINATION STATEMENT				

		SCHOOL USE ONLY – D	O NOT W	RITE BELOW THI	S LINE				
ANNUAL INC	OME CONVERSION: Weekly x 52; Bi-V	Neekly x 26; Twice per month x 24; Month	ly x 12.	(Do NOT co	onvert to annual incon	ne unless housel	old reports multiple	e pay freque	ncies).
APPROVAL:	Basic Food/TANF/FDPIR/Foste	r Total Household Size Total Household Income	\$		Weekly	Bi-Weekly	2x per Month	Monthly	Annual
Family Income S	Survey qualifies for household at or be	elow the income eligibility guidelines listed	l below:	Yes	No No				
Date Notice Sent	Signat	ture of Approving Official		Dat	te				

Income Eligibility Guidelines Effective from July 1, 2023, through June 30, 2024

	Income										
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly						
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519						
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702						
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885						
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068						
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251						
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434						
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616						
8	\$93,536	\$7,795	\$3 <i>,</i> 898	\$3,598	\$1,799						
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183						