

Income Determination Form

The Academy, District 460, Idaho Public Charter School
2024-2025 Federal Funding School Year

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.

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. Please note that each foster child needs a separate form based on child's personal income.

Family Last Name: _____

A. Name of school your child(ren) is(are) attending: The Academy, District 460

B. Number of children currently attending The Academy: _____

| Name | Grade | Name | Grade |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

Pocatello Chubbuck Shoshone-Bannock Marsh Valley American Falls Other: _____

D. Total number of people living in the household: _____

E. Is your family yearly, monthly, or weekly income equal to or less than the amount on the income eligibility chart?

_____ Yes _____ No

INCOME ELIGIBILITY GUIDELINES PERIOD: July 1, 2023 - June 30, 2024

| HOUSEHOLD SIZE | ANNUAL | MONTHLY | TWICE MONTHLY | BI-WEEKLY | 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 | 3,898 | 3,598 | 1,799 |
| For each additional family member add: | 9,509 | 793 | 397 | 366 | 183 |

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