

# Lyme School District - SAU 76

PO Box 117, Lyme, NH 03768

603.795.4431, ext. 142

Kristen Clark, [krclark@lymeschool.org](mailto:krclark@lymeschool.org)

## Voluntary Identification of Low-Income Students to Increase Funding

**This form will not result in the applicant being able to access the United State Department of Agriculture funded meal reimbursement program at the school. Instead, this form is designed to increase State and Federal funding for the school district by identifying low-income students.**

**Why do we want to know about your household income?** The number of low-income students attending our school is important because the New Hampshire Department of Education (NHED) uses this information to calculate State and Federal funding, thereby increasing the program support at our school or to lower property taxes.

NHED's definition of low income uses the same household income thresholds used by the Federal government. Amounts are adjusted each year to account for inflation. Here is a link to the guidelines: <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines> The current tables are below.

### This form is voluntary.

#### Reduced Price Meal Income Guidelines for the School Year July 1, 2023 – June 30, 2024

Household	Yearly	Monthly	Weekly
1	\$26,973	\$2,248	\$519
2	\$36,482	\$3,041	\$702
3	\$45,991	\$3,833	\$885
4	\$55,500	\$4,625	\$1,068

Household size	Yearly	Monthly	Weekly
5	\$65,009	\$5,418	\$1,251
6	\$74,518	\$6,210	\$1,434
7	\$84,027	\$7,003	\$1,616
8	\$93,536	\$7,795	\$1,799
Each additional person	+\$9,509	+\$793	+\$183

#### Free Meal Income Guidelines for the School Year July 1, 2023 – June 30, 2024

Household	Yearly	Monthly	Weekly
1	\$18,954	\$1,580	\$365
2	\$25,636	\$2,137	\$493
3	\$32,318	\$2,694	\$622
4	\$39,000	\$3,250	\$750

Household size	Yearly	Monthly	Weekly
5	\$45,682	\$3,807	\$879
6	\$52,364	\$4,364	\$1,007
7	\$59,046	\$4,921	\$1,136
8	\$65,728	\$5,478	\$1,264
Each additional person	+\$6,682	+\$557	+\$129

**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 at least one of the three conditions are true: 1) you can provide a case number in Section 1; you have a foster child to report in Section 2; or the household monthly income is below the amount shown in the charts above. The head of a household may submit a form. See link below for more information:

[https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/23-24-household-income-application-instructions-english\\_0.pdf](https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/23-24-household-income-application-instructions-english_0.pdf)

**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 NHED 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.

**Questions? Contact SAU 76 Lyme School District, Kristen Clark, [krclark@lymeschool.org](mailto:krclark@lymeschool.org), 603.795.4431, ext 142.** Please return completed apps to the Lyme School Front Desk or mail to SAU 76, PO Box 117, Lyme NH 03768.

## Voluntary Identification of Low-Income Students to Increase Funding

*Return this form to Kristen Clark by October 5, 2023 for eligibility determination.*  
(Forms can be submitted at any time throughout the school year also if circumstances change.)

READ INSTRUCTIONS BEFORE COMPLETING FORM

### 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 **as of Monday, October 2, 2023**

	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, Retirement, 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)	\$
<b>Total Monthly Household Income</b> (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: \_\_\_\_\_