



2023-2024 Family Income Survey

August 1, 2023

Dear Parent/Guardian:

Our school is participating in a federal program available to select schools as part of the National School Lunch and School Breakfast Program called Community Eligibility Provision (CEP). This means that all students attending **AHTANUM ELEMENTARY, MOUNTAINVIEW ELEMENTARY, SUMMITIVEW ELEMENTARY, WIDE HOLLOW ELEMENTARY, MIDDLE LEVEL CAMPUS, AND INNOVATION CENTER** are eligible to receive breakfast and lunch at no charge throughout the **2023-2024** school year, regardless of family or household income. However, some of the education programs the district provides are funded from state dollars that require our school to collect household information for all students attending CEP schools.

In order to collect the information, the Office of the Superintendent of Public Instruction (OSPI) has developed the Family Income Survey. The Family Income Survey is used to capture information and ensure the district/school receives all of the funding it is entitled to for other state funded education programs.

Please take a moment to complete this form and return it to your student's school. Your participation is essential in order for us to provide OSPI with the information they need and ensure **THE SCHOOLS LISTED ABOVE** will continue to receive critical state funding for these educational programs.

Thank you in advance for your cooperation in this important matter. If you have any questions, please contact William Connolly at 509-972-6000.

Sincerely,

West Valley School District



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2023-2024 Family Income Survey

Dear Parent/Guardian:

Schools receive certain federal and state funding (Learning Assistance Program, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child’s school a way to collect household income information. This information makes sure your child’s school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to **your student’s school office or the child nutrition office (7507 Zier Road, Yakima, WA, 98908)**

Part 1. ELIGIBILITY:

1. **Figure out your total household income. HOUSEHOLD INCOME** is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child’s personal income. Do not count foster payments as income.
2. **Find your household size. HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you’re applying for a household with a foster child, you may include the foster child in the total household size.
3. **If your total household income is equal to or less than the amount listed for your household size, check the box.**
4. **If your total household income is over the amount listed for your household size, check the bottom box *“Household does not qualify”***

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

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
<input type="checkbox"/>	2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
<input type="checkbox"/>	3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
<input type="checkbox"/>	4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
<input type="checkbox"/>	5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
<input type="checkbox"/>	6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
<input type="checkbox"/>	7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
<input type="checkbox"/>	8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
<input type="checkbox"/>	For each additional household member	\$9,509	\$793	\$397	\$366	\$183
<input type="checkbox"/>	<i>Household does not qualify</i>					



Part 2. STUDENTS: Please fill in the following information for all children living with you that are attending school. **We only need one form filled out per family.*

Student's Last Name	Student's First Name	MI	Date of Birth	School	Grade

Part 3. SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand if I purposely give false information that I may be prosecuted. I understand my child's poverty status may be shared with other programs/agencies as allowed by law.

Date: _____

Signature: _____

Print Name: _____

Phone: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Director of the Office of Equity and Civil Rights at 360-725-6162/TTY: 360-664-3631; or P.O. Box 47200, Olympia, WA 98504-7200; or equity@k12.wa.us.