

INCOME DETERMINATION FORM

Family Name _____

Family Address _____

Age or grade levels of children living in your household and attending Moscow Charter School:

<u>Child's Name</u>	<u>Age</u>	<u>Grade</u>	<u>Child's Name</u>	<u>Age</u>	<u>Grade</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

A. Locate your household size and the maximum allowable income earned each month or year. If your monthly or yearly income is equal to or less than the amount on this chart, please check here: _____

**NATIONAL SCHOOL LUNCH PROGRAM
INCOME ELIGIBILITY GUIDELINES
Effective FROM July 1, 2009 to June 30, 2010**

FREE		HOUSEHOLD SIZE	REDUCED	
ANNUAL	MONTHLY		ANNUAL	MONTHLY
14,079	1,174	1	20,036	1,670
18,941	1,579	2	26,955	2,247
23,803	1,984	3	33,874	2,823
28,665	2,389	4	40,793	3,400
33,527	2,794	5	47,712	3,976
38,389	3,200	6	54,631	4,553
43,251	3,605	7	61,550	5,130
48,113	4,010	8	68,469	5,706
+4,862	+406	For each additional family member add:	+6,919	+577

B. Is your family qualified for food stamps?
 Yes No

C. Are you receiving Temporary Assistance to Families in Idaho (TAFI)? (Formerly Aid to Families with Dependent Children or Public Assistance)
 Yes No

Please sign, date and return this form to the Office

Parent or Guardian Signature

Date