## HOUSEHOLD AND INCOME FORM

Clay County Public School District is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return to school a single application per household.

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Names of <u>all</u> people living in your household (First, Middle Initial, Last)				School the child attends, or indicate "NA" if household member is not in school						Grade Level	the state welf children listed skip to Pa	Check if a foster child (legal responsibility of the state welfare agency or court). If <u>all</u> children listed below are foster children, <b>skip to Part 5</b> to sign this form.				
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PART 2. HOMELESS, MIGRA	NT, RUNAWA	Y STA	TUS													
If any child you are applying	for is homeles	ss. mi	grant.	or a ri	ınawa	v check the an	nronr	iata h	ov and	d call 6	O6 227 2706					
HOMELESS TO MISDANIE TO		, , , , , ,	Bruit,	or a re	iiia vv c	y, check the ap	propr	iate D	OX all	a call c	006-327-2706.					
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NANAE																
	2. GROSS IN	сом	E AND	HOW	OFT	EN IT WAS RE	CEIVE	D								
List only household members		сом			OFT	EN IT WAS RE	EIVE		>		Pensions.					
List only household members with income, including any	Earnings	СОМ			OFT		CEIVE		nthly		Pensions, retirement, Social		eeks	ıthly		
List only household members with income, including any tudents in the home who	Earnings from work					Public			Monthly	Ŋ.	retirement, Social		Weeks	Monthly	<u>&gt;</u>	
List only household members with income, including any tudents in the home who	Earnings from work before					Public assistance,			ice Monthly	onthly	retirement, Social Security, SSI, VA	ekly	ry 2 Weeks	ce Monthly	nthly	
List only household members with income, including any tudents in the home who	Earnings from work	Weekly	Every 2 Weeks DA	Twice Monthly OH	Monthly	Public assistance, child	Weekly	Every 2 Weeks	Twice Monthly	Monthly	retirement, Social	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
List only household members with income, including any tudents in the home who	Earnings from work before					Public assistance, child support,			Twice Monthly	Monthly	retirement, Social Security, SSI, VA benefits, All Other	Weekly	Every 2 Weeks	Twice Monthly	Monthly	
List only household members with income, including any tudents in the home who nave income)	Earnings from work before deductions	Weekly				Public assistance, child support, alimony		Every 2 Weeks	Twice Monthly	Monthly	retirement, Social Security, SSI, VA benefits, All Other Income	□ weekly	Every 2 Weeks	Twice Monthly	Monthly	
List only household members with income, including any tudents in the home who nave income)	Earnings from work before deductions \$200	Weekly				Public assistance, child support, alimony		Every 2 Weeks	Twice Monthly	Monthly	retirement, Social Security, SSI, VA benefits, All Other Income \$0	□ □ weekly	Every 2 Weeks	Twice Monthly	Monthly	
List only household members with income, including any tudents in the home who nave income)	Earnings from work before deductions \$200	Weekly				Public assistance, child support, alimony \$150		Every 2 Weeks	Twice Monthly	Monthly	retirement, Social Security, SSI, VA benefits, All Other Income \$0 \$	□ □ weekly	Every 2 Weeks	Twice Monthly	Monthly	
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List only household members with income, including any students in the home who have income)	Earnings from work before deductions \$200 \$	Weekly				Public assistance, child support, alimony \$150 \$ \$ \$		Every 2 Weeks	Twice Monthly	Monthly	retirement, Social Security, SSI, VA benefits, All Other Income \$0 \$ \$ \$ \$	□ □ □ □ weekly	Every 2 Weeks	Twice Monthly	Monthly	
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Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

## **Privacy Notice**

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive meals at no charge.

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	Have you included all your children as household members?
	For each household member receiving income, is the frequency checkbox checked?
	Have you signed the form?
	DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.
	Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12
Total Income:	Per:  Week Every 2 Weeks Twice A Month Month Household size: Household size:
Categorical Eligib	oility: SES Code: FreeReducedPaid
FRAM Coordinate	or: Date: