

INSERT SCHOOL/DISTRICT NAME HERE

School Year 2023-24 Family Income Survey

Return this form to:
 Highland High School
 Attention: Lizz Kramer
 Or your child's school

Complete one income survey per household

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List all students living with you that are attending school.

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

Step 2: Are any of the listed students: In Foster Care Experiencing Homelessness Receiving Migrant Education Services

Step 3: Do any household members participate in: Basic Food TANF Food Distribution on Indian Reservation (FDPIR)

Step 4: Household Income: List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Public Assistance/ Child Support/ Alimony				Pensions/ Retirement/ Social Security (SSI)				Any Other Income Not Already Listed										
		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly							
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Step 5: Contact Information & Signature

I promise that the information on this income survey is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State, & Zip Code

Daytime Phone

Date

The Highland School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator and Compliance Coordinator (RCW 28A.640/28A.642): Brandon Jensen, Tieton Elementary School Principal, 711 Franklin Rd, Tieton, WA 98947, telephone 509-678-8900, e-mail- bjensen@highland.wednet.edu. Section 504/ADA coordinator: Courtney Sund, Director of Special Education, SEL and Inclusionary Practices, 17000 Summitview Rd, Cowiche, WA 98923, telephone 509-678-8772, e-mail- csund@highland.wednet.edu. Harassment, Intimidation, Bullying (HIB) Coordinator: Don Strother, Highland Middle School Principal, 17000 Summitview Rd, Cowiche, WA 98923, telephone 509-678-8870, emaildstrother@highland.wednet.edu.

The Highland School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services or transitional bilingual education programs, contact Ana Garcia, Student Services Secretary.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

APPROVAL: Basic Food/TANF/FDPIR/Foster Income Household
 Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Total Household Income \$ _____

Family Income Survey qualifies for household at or below the income eligibility guidelines listed below: Yes No

 Date Notice Sent Signature of Approving Official Date

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

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	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 household member, add:	\$9,509	\$793	\$397	\$366	\$183

**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2023-24 School Year**

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Edu Support Programs	Fee Reduction
<input type="checkbox"/>	Sports/Athletic Fees	Fee Reduction
<input type="checkbox"/>	PSAT/SAT College Waivers	Fee Reduction
<input type="checkbox"/>	Field Trips	Fee Reduction
<input type="checkbox"/>	ASB Activities	Fee Reduction
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Print Student Name(s) here:

Signature of Parent/Guardian: _____ Date: _____

Email Address: _____ Phone: _____

This institution is an equal opportunity provider.