

School Year 2023-24 Education Benefits Form

Return this form to your school office or directly to:
VPS Nutrition Services 2901 Falk Rd. Vancouver, WA 98661

OR

Apply Online: www.familyincomesurvey.com

Complete one 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. This Education Benefits Form 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. **Your student will receive meals at no charge regardless of the information you provide on this form.**

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	Other Income									
		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 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

Vancouver School District’s Non-Discrimination Statement

Vancouver Public Schools 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 employees have been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator, Janell Ephraim, 360-313-1000, janell.ephraim@vansd.org; and Title IX Coordinator, Jeff Fish, 360-313-1000, jeff.fish@vansd.org; and 504 Coordinator, Steve Vance, 360-313-1000, stephen.vance@vansd.org; or by mail to Vancouver Public Schools, PO Box 8937, Vancouver, Washington, 98668-8937.

This notification can be provided in the appropriate language for communities of national origin and minority persons with limited English language skills by contacting 360-313-1250.

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 Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____

Education Benefits Form 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