

Dixie Montessori Academy

DECLARATION OF HOUSEHOLD INCOME ***For Title 1 Funding***

2018-2019

This form is for the exclusive use of Utah charter schools which **do NOT** offer a federally supported school meals program. Acceptable completion of this form does **NOT** confer any meal benefits on the student.

Section 1: ALL FAMILIES MUST FILL OUT THIS SECTION

Name/s of student/s:

Registered In: **Dixie Montessori Academy** Student's District of Residence: **WCSD**

Section 2: READ THIS SECTION

If the total annual income before deductions of all persons in the student's household **does NOT exceed** amounts determined to meet federal income eligibility guidelines for a household of this size (and listed below), your student(s) may qualify for as "economically disadvantaged"(Federal Register Notice Vol. 76 No. 58, Friday, March 25, 2011).

2018-2019 Federal Income Eligibility Guidelines

Household Size	Federal Poverty Guidelines	Reduced Price Meals – 185%					Free Meals – 130%					
		Annual	Month	Twice per Month	Every two weeks	Week	Household Size	Annual	Month	Twice per Month	Every two weeks	Week
1	\$12,140	\$22,459	\$1,872	\$936	\$864	\$432	1	\$15,782	\$1,316	\$658	\$607	\$304
2	\$16,460	\$30,451	\$2,538	\$1,269	\$1,172	\$586	2	\$21,398	\$1,784	\$892	\$823	\$412
3	\$20,780	\$38,443	\$3,204	\$1,602	\$1,479	\$740	3	\$27,014	\$2,252	\$1,126	\$1,039	\$520
4	\$25,100	\$46,435	\$3,870	\$1,935	\$1,786	\$893	4	\$32,630	\$2,720	\$1,360	\$1,255	\$628
5	\$29,420	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047	5	\$38,246	\$3,188	\$1,594	\$1,471	\$736
6	\$33,740	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201	6	\$43,862	\$3,656	\$1,828	\$1,687	\$844
7	\$38,060	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355	7	\$49,478	\$4,124	\$2,062	\$1,903	\$952
8	\$42,380	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508	8	\$55,094	\$4,592	\$2,296	\$2,119	\$1,060
For each additional family member, add	\$4,320	\$7,992	\$666	\$333	\$308	\$154	For each additional family member, add:	\$5,616	\$468	\$234	\$216	\$108

Section 3: Certification and Signature:

I certify that my child qualifies as economically disadvantaged according to the table above. I understand that this information will be submitted by the school to the Utah State Office of Education and may be used to determine how certain state and federal funds are allocated and how well the school performs academically; that school officials may need to verify my claims in the case of an audit. I understand that deliberate misrepresentation of my income or household size may subject me to prosecution under applicable state and federal laws.

If Yes, mark which applies below:

Economically Disadvantaged – Reduced Price **Economically Disadvantaged – Free Meals**

OR **We do not qualify for either Free or Reduced Meals.**

Parent/Guardian Name:

Parent or Guardian Signature: Date: