

2023-24 Family Income Survey

Dear Parent/Guardian:

Schools receive certain federal and state funding (Learning Assistance Program, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child's school a way to collect household income information. This information makes sure your child's school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to the school office at 294715 US Hwy 101 PO Box 40 Quilcene, WA 98376, as soon as you can.

Part 1. Income

Step 1: Find your Household Size (How many children and adults live in your home and share living expenses?)	Step 2: Is your Annual Income more than the amount for your Household Size? (Use the table below to calculate if necessary.)	Step 3: Check the correct box below	
		More Please check the box if your income is more.	Less Please check the box if your income is less.
1	\$25,142	<input type="checkbox"/>	<input type="checkbox"/>
2	\$33,874	<input type="checkbox"/>	<input type="checkbox"/>
3	\$42,606	<input type="checkbox"/>	<input type="checkbox"/>
4	\$51,338	<input type="checkbox"/>	<input type="checkbox"/>
5	\$60,070	<input type="checkbox"/>	<input type="checkbox"/>
6	\$68,802	<input type="checkbox"/>	<input type="checkbox"/>
7	\$77,534	<input type="checkbox"/>	<input type="checkbox"/>
8	\$86,266	<input type="checkbox"/>	<input type="checkbox"/>
9	\$94,998	<input type="checkbox"/>	<input type="checkbox"/>
10	\$103,730	<input type="checkbox"/>	<input type="checkbox"/>

Annual Income is any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not count foster payments as income.

Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
\$25,142	\$2,096	\$1,048	\$967	\$484
\$33,874	\$2,823	\$1,412	\$1,303	\$652
\$42,606	\$3,551	\$1,776	\$1,639	\$820
\$51,338	\$4,279	\$2,140	\$1,975	\$988
\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
\$94,998	\$7,917	\$3,959	\$3,654	\$1,827
\$103,730	\$8,645	\$4,323	\$3,990	\$1,995

Please Turn Over and Complete Page 2

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Part 2. Students: Please fill in the following information for all children living with you that are attending school.

Student's Last Name	Student's First Name	MI	Date of Birth	School	Grade

Part 3. Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand if I purposely give false information that I may be prosecuted. I understand my child's poverty status may be shared with other programs/agencies as allowed by law.

Signature: _____ Print Name: _____

Date: _____ Phone: (____) _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Director of the Equity and Civil Rights at 360-725-6162/TTY: 360-664-3631; or P.O. Box 47200, Olympia, WA 98504-7200; or equity@k12.wa.us.