Los Angeles Unified School District

Federal and State Education Programs

**Title I, Private Schools Program**

**TITLE I, PRIVATE SCHOOLS - FAMILY INCOME ELIGIBILITY SURVEY**

**Please remember to complete this form using information from your 2017 tax returns.**

The information you provide will determine the funding that the Los Angeles Unified School District will use for educational services at your child’s school. Please return your *LAUSD Family Income Eligibility Survey* to the District using the provided self-addressed, stamped envelope by **Friday, March 12, 2021.**

|  |
| --- |
| I **do not** wish to complete the LAUSD Family Income Eligibility Survey. I certify that I am the head of household. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Step 1: Complete the information below for your children attending 2017-2018. Please write legibly.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Private School Private School Address**

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City Zip Code

**First Name of Child(ren) Attending Above School** *(Optional)* **Date of Birth 2017-18 Grade Level**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

*\*Add any additional children attending this school on the back of this form.*

**Step 2: Using information from your 2017 tax filing, determine your Household Income following the guidelines below.**

In accordance with the DEPARTMENT OF AGRICULTURE’S policy as provided in the Food and Nutrition Service publication Eligibility Manual for School Meals, ‘‘income,’’ as the term is used in this notice, **means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds**. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a child’s meal.

Please provide the following information:

**\*Count yourself and all the adults and children living with you in 2017, not just your immediate family.**

|  |  |  |  |
| --- | --- | --- | --- |
| **2017**  **Household Size \*** | **2017**  **Income Per Week\*\*** | **2017**  **Income Per Month\*\*** | **2017**  **Yearly/ Annual Income\*\*** |
|  |  |  |  |

**\*\*Income must reflect the total amount earned by ALL adults in the household in 2017.**

**Step 3: Please review/answer the questions below (circle correct answer)**

1. Were you receiving assistance under CalWORKs **in 2017**? YES NO (If YES, go to step 4)

2. Did your family participate in the CalFresh Benefits (Food Stamp Program) **in 2017**? YES NO (If YES, go to step 4)

3. Did your family participate in TANF or FDPIR **in 2017**? YES NO (If YES, go to step 4)

4. Were any of your children receiving Kin-GAP benefits **in 2017**? YES NO (Go to step 4)

**Step 4: Certify and date survey**.

I am the parent/head of household with a child(ren) attending the above stated school **in 2017**. I certify, under penalty of perjury, that I completed the above survey using information from my **2017 tax filing** and that all information provided is true and correct, and that all the income from ALL adults in the household **for 2017** is reported.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date