Pioneer School District

School Year 2023-24 Family Income Survey

Return this form to: Pioneer School District 112 E. Spencer Lake Rd Shelton WA, 98584

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. 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.

					B 42.1															
Student's Last Name	Student's	First	Name	•	Midd Initi	Date of	Birth					Sch	ool						Grade	
Step 2: Are any of the listed studen	ts: 🔲 In Foster	Care	Ex	perien	cing F	lomelessness	5 🔲 F	Recei	ving Mi	grant	Education Serv	ices								
Step 3: Do any household member	s participate in:		Basic F	ood [TAN	IF 🗌 Food 🛭	Distrib	ution	on Ind	ian R	eservation (FDP	IR)								
Step 4: Household Income: List all I	nousehold memb	ers e	ven if	they d	o not	receive inco	me. Fo	or ead	ch hous	eholo	d member listed	, rep	ort to	tal gro	ss in	come (before	taxes	and	deduct	ons
Names of ALL other household members (do not include students listed above	# 6	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Public Assistance/ Child Support/ Alimony	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pensions/ Retirement/ Social Security (SSI)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Any Other Income Not Already Listed	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
Step 5: Contact Information & Sign														_						
I promise that the information the information I give. I unders support my child's education a	tand that school	offic				•							•							1 Or
Printed Name of Adult Household Mo	ember			Adu	lt Hou	sehold Memb	er Sign	ature	:			İ	E-mai	l Addre	ss					
Mailing Address				_	City, State, & Zip Code							Daytime Phone Date								

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Pioneer School District's Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

12/09/2022

		SCHOOL USE ONLY —	DO NOT WRI	TE BELOW THIS LINE							
ANNUAL INCO	OME CONVERSION: Weekly x 52; Bi-Weekly	(Do NOT convert to annual income unless household reports multiple pay frequencies).									
APPROVAL:	☐ Basic Food/TANF/FDPIR/Foster☐ Income Household	Total Household Size Total Household Income	\$		Weekly	Bi-Weekly	2x per Month	Monthly	Annual		
Application qual	lifies for household at or below the income e	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

	Income										
Household Size	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						