1. Family Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In the space below, please enter the ages **OR** grade levels of all the children living in your household who attend this private school:

|  |  |  |
| --- | --- | --- |
| **Ages of Children** | **OR** | **Grade Levels of Children** |
|  |  |  |

1. a. Use the chart below and locate your household size and the allowable income earned each month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2018-19 Reduced Income Eligibility Guidelines** | | | | | |
| **Use income chart below to see if you would qualify for the reduced price meal program under current guidelines** | | | | | |
| **Effective July 1, 2018 to June 30, 2019 as provided by the U.S. Department of Agriculture** | | | | | |
| **HOUSEHOLD SIZE** | **ANNUAL** | **MONTHLY** | **TWICE PER MONTH** | **BIWEEKLY** | **WEEKLY** |
| 1 | 22,459 | 1,872 | 936 | 864 | 432 |
| 2 | 30,451 | 2,538 | 1,269 | 1,172 | 586 |
| 3 | 38,443 | 3,204 | 1,602 | 1,479 | 740 |
| 4 | 46,435 | 3,870 | 1,935 | 1,786 | 893 |
| 5 | 54,427 | 4,536 | 2,268 | 2,094 | 1,047 |
| 6 | 62,419 | 5,202 | 2,601 | 2,401 | 1,201 |
| 7 | 70,411 | 5,868 | 2,934 | 2,709 | 1,355 |
| 8 | 78,403 | 6,534 | 3,267 | 3,016 | 1,508 |
| For each additional family member, add | 7,992 | 666 | 333 | 308 | 154 |

b. If your monthly income is equal to or less than the amount shown, then please check the yellow box below.

Place a check above if your monthly income is equal to or less than the amount shown in the chart based on your household size.

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Questions** | **No** | **Yes** | **If you checked YES:** |
| 1. Has your family qualified for Food Stamps (SNAPS)? |  |  | Enter information in Figure A. |
| 1. Are you receiving Temporary Assistance to Needy Families (TANF)? |  |  | Enter information in Figure A. |
| 1. Is your child homeless, migrant or a runaway? |  |  | Enter information in Figure B. |

**A**

If you believe the child for whom you are applying is Homeless (**H**), Migrant (**M**) or a Runaway (**R**), please call for confirmation: 352-242-2096 **and** place an X in the appropriate box.

|  |  |  |
| --- | --- | --- |
| **H** | **M** | **R** |

School Principal Signature Required Here:

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

If any member of your household receives Florida Food Stamps (**SNAPS**), **TANF** Cash Assistance or **FDPIR** provide the name and case number.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE Number:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**B**