



# 2023-2024 Release of Information Form

## CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If your student(s) qualify for free or reduced-price meals, they may be eligible for decreased fees to participate in other school programs. **Parents or Legal Guardians must annually give their consent to share school meal eligibility information with other school officials for students to qualify.**

This form is optional, and submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals, or milk. Individuals or programs receiving the information you authorize for release on this form will not share the information with any other entity or program.

Please indicate the program(s) you authorize eligibility status to be shared for each child by completing the form below. This authorizes release of name and eligibility status **only**; no other information or demographics is allowed to be shared.

Print Student Name(s):	School	Grade

Check to participate	School Program	How the shared information will be used
<input type="checkbox"/>	Associated Student Body (ASB) cards	Offer Fee Waivers as required by RCW 28A.325.210
<input type="checkbox"/>	Sports/Athletic Fees	Fee Reduction
<input type="checkbox"/>	Field Trips	Fee Reduction
<input type="checkbox"/>	PSAT/SAT/AP test fees	Fee Reduction

Fees associated with yearbooks, parking, fines, and optional trips are not eligible for fee reductions under this program.

\_\_\_\_\_  
Print Name Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Phone

E-Mail Address: \_\_\_\_\_

This institution is an equal opportunity provider.

**GOLDENDALE SCHOOL DISTRICT #404**

Return this form to: YOUR CHILD(RENS) SCHOOL

# School Year 2023-24 Family Income Survey

Complete one application 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.

**Step 1:** List **all students** living with you that are attending school.

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

**Step 2:** Are any of the listed students:  In Foster Care  Experiencing Homelessness  Receiving Migrant Education Services

**Step 3:** Do any household members participate in:  Basic Food  TANF  Food Distribution on Indian Reservation (FDPIR)

**Step 4: Household Income:** List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Income Type				Public Assistance/ Child Support/ Alimony	Income Type				Pensions/ Retirement/ Social Security (SSI)	Income Type				Any Other Income Not Already Listed	Income Type			
		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly		Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly					
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Step 5: Contact Information & Signature**

I promise that the information on this application is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law.

\_\_\_\_\_  
Printed Name of Adult Household Member

\_\_\_\_\_  
Adult Household Member Signature

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Date

Goldendale School District's Non-Discrimination Statement

*The Goldendale School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination. John Westerman, Title IX Coordinator, Civil Rights Compliance Officer, 525 Simcoe Drive, Goldendale, WA 98620, (509) 773-5177*

**SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

**APPROVAL:**  Basic Food/TANF/FDPIR/Foster Total Household Size \_\_\_\_\_ Weekly Bi-Weekly 2x per Month Monthly Annual  
 Income Household Total Household Income \$\_\_\_\_\_

**Application qualifies** for household at or below the income 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**

Household Size	Income				
	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