



## Income Determination Form

2025-2026 Federal Funding School Year

Idaho Charter LEAs, Private Schools, or other LEAs (if applicable) that are **not** a part of the National School Lunch Program

*PRIVACY ACT STATEMENT: This explains how we will use the information you give us. Various federal programs require the information on this form. **You do not have to provide the information, but if you do not, LEAs may not be eligible for amounts of federal funding calculated using the data.** This form uses your eligibility information to help your Charter LEAs, Private Schools, or other LEAs evaluate, fund, or determine benefits for their Federal and some other programs. All information is highly confidential and must be handled accordingly by all program officers.*

**Family Name or Foster Child Family Name** \_\_\_\_\_

### INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2024 to June 30, 2025

HOUSEHOLD SIZE	ANNUA	MONTHL	TWICE PER MONTH	EVERY TWO WEEK	WEEKL
1	27,861 or less	2,322 or less	1,161 or less	1,072 or less	536 or less
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each					
additional family					
member add:	9,953	830	415	383	192

**INSTRUCTIONS:** In addition to completing the adult signature, date and address at the bottom of the page, please complete the section below (A-E) that applies to your household.

STUDENTS WHO ARE FOSTER CHILDREN: Each Foster Child needs a separate form; Based on child personal income

ALL OTHER STUDENTS (including emancipated students): All household members; Gross income by the person

A. Name of a School your child(ren) is(are) attending: Fernwaters Public Charter School

B. Number of children attending: \_\_\_\_\_

C. Name of traditional public school(s) and district that serves the area in which your child(ren) resides: Salmon School District 291

D. Number of people living in the household: \_\_\_\_\_

E. Is your family or foster child's yearly, monthly or weekly income equal to or less than the amount on the income eligibility chart? \_\_\_\_ Yes \_\_\_\_ No

I certify that all of the information provided is true and correct. I understand that this information is being given for the receipt of federal funds.

\_\_\_\_\_

Signature of Adult Household Member or Foster Parent

\_\_\_\_\_

Printed Name of Adult Household  
Member or Foster Parent

\_\_\_\_\_  
*Physical Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*