

FAMILY NAME: _____

School Year: _____

IMPORTANT . . .PLEASE COMPLETE AND RETURN

Dear VHCA Parent/Guardian:

The following information is being requested as background **information needed to establish benchmarks for current or future grant applications**. Even though VHCA does **not** offer a reduced meal program, the data collected is taken from an income eligibility chart provided by the NYS Department of Education. This chart is given below for reference in completing the form.

The information you supply will be held in confidence and will not be disclosed without parent/guardian consent, and then only supplied to persons directly connected with the administration or enforcement of federal education programs.

The following chart lists income levels according to household size and income levels received as detailed. Please complete the form below and return to the office. *Please keep in mind that VHCA does not offer a reduced meal program but would use the information provided by you to complete possible grant applications that would benefit the school and its students.*

2021-2022 Federal Income Guidelines

Gross Income					
Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,866	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each additional member, add:	+\$8,399	+\$700	+\$350	+\$324	+\$162

- Based upon the above **Eligibility Income Chart**, would your child(ren) be eligible for a Reduced Meal Program? YES _____ (complete #2) NO _____ (skip #2)
- If yes, please list the name(s) of those eligible children enrolled in VHCA for the 2022-2023 school year:

I certify that all the information is true and that all income has been considered in determining eligibility. I understand that the information is being given for the school to complete applications for possible grant opportunities; that school officials may request verification of the information and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Date: _____

(Signature: must be signed by parent or guardian)

(Printed Name of parent or guardian)

THIS FORM NEEDS TO ACCOMPANY YOUR APPLICATION

Thank you. 😊