Dear Parents/Guardians:

This form will provide information needed by the Maine Department of Education to determine PUT SCHOOL NAME HERE ‘s eligibility status for State Economically Disadvantaged funds available under the Essential Programs & Services Funding Act. Data in this form is *not for school lunch purposes*, only to determine economic disadvantaged status for allocation of State education funds\*\*.

If you have any questions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The due date to return this form to your school administrator is September\_\_\_, 2024. Thank you for your assistance.

Sincerely,

School Administrator
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Please use the table below as guidance to determine your student’s economic status. If household income is equal to or less than the earnings for your household size in the chart below, then your student meets the lower income household criteria. Household size includes adults and children.

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| **USDA Income Eligibility Guidelines\*** |
| **Effective from July 1, 2024 to June 30, 2025** |
| **Household Size** *(including Adults)* | **Annual Earnings** | **Monthly Earnings** | **Twice Per Month Earnings** | **Every Two Weeks Earnings** | **Weekly Earnings** |
| 1 | $27,861 | $2,322 | $1,161 | $1,072 | $536 |
| 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 |

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| --- | --- | --- | --- | --- |
| **Student’s Last Name** | **Student’s First Name** | **Name of School** | **Student’s Current Grade** | **Student Meets Lower Income Household Criteria** |
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Please duplicate this form for additional children. Return this form to your child’s school by September \_\_\_, 2024

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_