



Romoland School District
Household Income Data Survey 2020-2021

HOUSEHOLD LAST NAME: _____

SCHOOL: _____

Please complete, sign, and return this form to your child's school. PLEASE USE A PEN (NOT A PENCIL)

Part A. Household Members - Fill in the information for every person living in your household (adults & children)
 For help determining who should be included in the household, see instructions on the second page.

List all who live in the household: Names (Last Name, First Name)	Date of Birth XX-XX-XXX	Name of School the Student Attends (if Applicable)	Grade Level	Student Information (mark as applicable)			
				Migrant	Homeless	Foster	Head Start
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

*If household size is greater than 9, list additional household members on a separate paper, and follow special instructions in Part C.

Part B. Benefits Received (if applicable)

1) If anyone in the household receives FDPIR, CalWORKs (TANF), or SNAP, check the appropriate box(es): FDPIR CalWORKs SNAP (formerly "food stamps")

2) If you checked a box, enter one case number, and skip to Part D.

CASE NUMBER: _____ Write only one case number in this space. (MediCal does not apply)

Part C. Household Size and Gross Income (before deductions). For help determining your annual income, see page 2 of the survey.
 - Households with 8 or fewer people: Check a box below for the Annual Income Range that reflects your total annual household income.
 - If Household Size is greater than 9, DO NOT check an income range, but follow the special instructions below boxes 1 through 17

Annual Household Income Ranges*

1. <input type="checkbox"/> \$0 - \$16,588	5. <input type="checkbox"/> \$28,237 - \$31,894	9. <input type="checkbox"/> \$40,183 - \$45,708	13. <input type="checkbox"/> \$56,786 - \$57,356
2. <input type="checkbox"/> \$16,589 - \$22,412	6. <input type="checkbox"/> \$31,895 - \$34,060	10. <input type="checkbox"/> \$45,709 - \$48,470	14. <input type="checkbox"/> \$57,357 - \$65,046
3. <input type="checkbox"/> \$22,413 - \$23,606	7. <input type="checkbox"/> \$34,061 - \$39,884	11. <input type="checkbox"/> \$48,471 - \$51,532	15. <input type="checkbox"/> \$65,047 - \$73,334
4. <input type="checkbox"/> \$23,607 - \$28,236	8. <input type="checkbox"/> \$39,885 - \$40,182	12. <input type="checkbox"/> \$51,533 - \$56,785	16. <input type="checkbox"/> \$73,335 - \$81,622
			17. <input type="checkbox"/> \$81,623 +

*Special Instructions for households with more than 9 people: DO NOT check the boxes above. Instead, fill in items below

Household size (# people): _____ Total annual Income: \$ _____

Part D: Certification - The head of household or adult designee who completed this form must complete this certification section

I certify (promise) that all information on this form is true and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Social Security Number: XXX-XX-____ (may be used to verify the accuracy of the information provided) Check if no SSN

Address	City, State	Zip
Daytime Phone	Work Phone	Email (optional)

DO NOT FILL OUT THIS SECTION. THIS IS FOR SCHOOL USE ONLY.

Verified as: Free Reduced Denied Homeless Foster Direct Cert Categorical

Reason for ineligibility: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Romoland School District – Nutrition Services Household Information Survey

This survey is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

Part A: Who should I include in “Household”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (they do not share income with you/your children and they pay a share of the expenses), do not include them.

Part B: What are benefits received?

SNAP: Supplemental Nutrition Assistance Program (formerly food stamps)

CalWORKS (TANF) : California Work Opportunity and Responsibility to Kids/Temporary Assistance for Needy Families

FDPIR: Food Distribution Program on Indian Reservations

Part C: What is included in “Annual Household Income”?

Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or, if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, and Alimony:** Include the total amount everyone in your household receives from these sources. Do not include SNAP or FDPIR payments.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount everyone in your household receives from these sources.
- **All Other Income:** Include for everyone in the household: worker’s compensation, unemployment or strike benefits, rental income, interest and dividends, regular contributions received from who do not live in your household, and any other income received. Do not include income from WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances, and food or clothing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if it is received on a regular basis.

How do I calculate total household income received from multiple sources and/or on a weekly, every two weeks, twice a month, or monthly basis?

- 1) Annualize pay for each source of income based on the above definitions for every household member.
 - a. Use the table below to convert your pay to an Annual Income amount.

Frequency of payment	Annual Income Conversion Amount
Weekly	= 52 x weekly gross (not take-home) income
Bi-Weekly (every two weeks)	= 26 x bi-weekly gross (not take-home) income
Twice per Month	= 24 x gross (not take-home) amount received twice per month
Monthly	= 12 x monthly gross (not take-home) income

2) Add together the annualized pay from every person in the household for the total annual household income for Part C.

3) If your household has 8 or fewer people, check the box that shows the range for your total income. If your household has more than 8 people, do not check a box; instead, write household size and total annual household income in the space provided.

If your income fluctuates, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, use \$1,000/month as the basis for your annual income. If you have lost your job or had your hours or wages reduced, enter zero (0) or your current reduced income.

For information or help in completing this form, please contact the Nutrition Services Department at (951) 926-9244, ext. 1262 or 1261, Office Location 1680 Illinois Ave. Unit #7, Perris, CA 92570.