2026-2027 Alternate Household Income Form

Dear Easthampton Families:

Your school participates in the Community Eligibility Provision (CEP), which means all students eat school meals at no out-of-pocket cost. However, to determine eligibility to receive additional benefits (like a bus fee waiver or access to special income-based programs) for your child(ren) at the school level, please complete this household income form. Completed forms should be returned to Maria Laszczkowski at 50 Payson Ave., Floor 2. You only need to complete this form if you are **not** directly certified for free or reduced meals through the MA Virtual Gateway. You only need to complete 1 form per household.

IMPORTANT NOTES: The submission of this form has no impact on receiving school meals. Not submitting this form may prevent you from receiving a fee waiver or getting access to certain income-based programs. Additional information may be required at the discretion of the school.

1. Select the total number of people in your household. Be sure to include all children and adults, related and unrelated, that live in a single dwelling and share income and expenses.

2. Select the box that represents the range of annual household income. Make sure to include all of the following income sources: work, public assistance, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

****We may also ask you to send written proof of the household income you report.**

1. Total No. of People in Household	**2. Select the appropriate range of combined annual income for all people in the household** *(Include all income sources listed above, before taxes.)*	
☐ 1	→ ☐ **$0 - $29,526**	Income:
☐ 2	→ ☐ **$0 - $40,034**	Income:
☐ 3	→ ☐ **$0 - $50,542**	Income:
☐ 4	→ ☐ **$0 - $61,050**	Income:
☐ 5	→ ☐ **$0 - $71,558**	Income:
☐ 6	→ ☐ **$0 - $82,066**	Income:
☐ 7	→ ☐ **$0 - $92,574**	Income:
☐ 8	→ ☐ **$0 - $103,082**	Income:
☐ 9	→ ☐ **$0 - $113,590**	Income:
☐ 10	→ ☐ **$0 - $124,089**	Income:

If household size is more than 10, list the household size and total annual income below.

❑ Size: _____ ❑ Income: _____

List all students in the household. If any student you are applying for: receives SNAP, TANF, and/or Medicaid benefits; is a foster child; is a homeless, migrant, runaway child; or attends Head Start, check the appropriate box.

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Student's First Name	Student's Last Name	Grade Level	School	SNAP/TANF	Medicaid Benefits	Foster	Homeless, Migrant, Runaway	Head Start

If any child(ren) referenced above receive SNAP, TANF, and/or Medicaid benefits, please list the appropriate case number(s) here:

SNAP/TANF case number _____

Medicaid case number _____

Contact information and adult signature

"I certify (promise) that all information on this application is true, and that all income is reported."

_____

Name of Adult Household Member Completing the Form (printed)

_____ _____

Signature Today's Date

_____ _____ _____ _____

Street Address (if available), Apt # City State Zip Code

_____ _____

Daytime Phone Email (optional)

CHECKLIST

- ☐ Have you included all your children as household members?
- ☐ Are *both* the household size and total household income range boxes checked?
- ☐ Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?
- ☐ Have you signed the form?

Sharing Information with Other Programs

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Alternative Household Income Form may be shared with other school based programs for which your children may qualify. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ❑ Yes! I **DO** want school officials to share information from my Alternative Household Income Form or Direct Certification Free or Reduced Status or my Alternative Household Income Form with other **school administrators for other school related fess such as Transportation, Field Trips, PSAT, SAT, AP testing, etc.**
- ❑ Yes! I **DO** want school officials to share information from my Alternative Household Income Form or Direct Certification Free or Reduced Status or my Alternative Household Income Form with **Easthampton High School Athletics – for athletic fees.**
- ❑ Yes! I **DO** want school officials to share information from my Alternative Household Income Form or Direct Certification Free or Reduced Status or my Alternative Household Income Form with the **Early Childhood Liaison - for tuition fees.**

If you checked yes to any or all of the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

For more information, you may call **Maria Laszczkowski** at **(413)-529-1500, x127 or e-mail at MLaszczkowski@epsd.us**. Return this form to **your child's school as soon as possible**.

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

Economic Status: Economically Disadvantaged (meeting income and household guidelines) _____
Non-Economically Disadvantaged (NOT meeting income and household guidelines) _____

I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.

Signature (of school or district staff): _____

Print Name: _____

Date: _____

IMPORTANT NOTES: Federal regulations mandate that all costs associated with distributing, collecting, and reviewing these household income forms must be paid with funds outside of the nonprofit school food service account. School food service personnel are not allowed to be involved in this process unless their labor expenses are paid by an alternative funding source outside of the nonprofit school food service account. All documentation is subject to federal and state audits.