Your school participates in Community Eligibility Provision (CEP), which offers free breakfast and lunch to <u>all</u> students. Please complete this Household Information Survey and return it to the school to determine your school's eligibility for grant funding. These funds support your school's supplemental intervention programs.

- 1. Select the total number of people in your household. Be sure to include <u>all</u> children and adults, related and unrelated, that live in a single dwelling and share income and expenses.
- Select the box that represents the annual household income. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or <u>all</u> other income. The amount should be <u>before</u> any deductions for taxes, insurance, medical expenses, child support, etc.

1	Select your household size and check the corresponding box for your total annual household income. Do not check an income in all ranges.				
Total # of people	Total Annual Household Income Ranges				
in household	Range 1	Range 2	Range 3		
🗖 1 🔿	🖵 \$0 - \$19,758	🖵 \$19,759 - \$27,861	□ \$27,862 +		
□ 2 🔿	🖵 \$0 - \$26,572	🗖 \$26,573 - \$37,814	□ \$37,815 +		
□ 3 ➡	🖵 \$0 - \$33,566	□ \$33,567- \$47,767	□ \$47,768+		
□ 4 📫	□ \$0 - \$40,560	□ \$40,561 - \$57,720	□ \$57,721 +		
🗆 5 📫	🖵 \$0 - \$47,554	□ \$47,555 - \$67,673	□ \$67,674 +		
□ 6 ➡	🖵 \$0 - \$54 <i>,</i> 548	🗖 \$54,549 - \$77,626	□ \$77,627 +		
□ 7 ➡	🖵 \$0 - \$61,542	\$61,543 - \$87,579	□ \$87,580 +		
□ 8 🛋	🖵 \$0 - \$68,536	🗖 \$68,537 - \$97,532	□ \$97,533 +		
□ 9 🛋	🖵 \$ 0 - \$75,530	□ \$75,531 - \$107,485	□ \$107,486 +		
🖵 10 ➡	🖵 \$0 - \$86,086	□ \$86,087 - \$117,438	□ \$117,439 +		
🗖 11 🔿	🖵 \$0 - \$93 <i>,</i> 080	🗖 \$93,081 - \$127,391	□ \$127,392 +		
🗖 12 🔿	🖵 \$0 - \$99,450	🗖 \$99,451 - \$137,344	□ \$137,345 +		
If household size is greater than 12, list the household size and total annual income below.					
Give:	□ Income:				

Inspire Charter Academy students in the household:

First Name	Last Name	Grade Level	Identify H if Homeless M if Migrant R if Runaway F if Foster		
If any child listed above is homeless contact Armisha Washington at (225) 356-3936					

If any child listed above is homeless contact Armisha Washington at (225) 356-39

I certify that the total income for the household reported is accurate:

Signature

Date

Phone Number

Print Name