

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Survey Type:

Total Household Income: \$ _____ Household Size: _____
Household Income Frequency - Weekly Bi-Weekly 2x/Month Monthly Annually

Categorical Eligibility - SNAP FDPIR TANF Foster
 Homeless/Migrant/Runaway/Head Start

Survey Status:

Approved - Free Reduced

Denied - Over Income Guidelines Incomplete/Missing: _____

Notes: _____

Determining Official Signature:

Approval/Denial Date:

Notification Sent: