

2025-26 HOUSEHOLD AND INCOME FORM (HIF)

All Ballard County schools are participating in the Community Eligibility Option (CEO) under the National School Lunch Program. Under CEO, **all** children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return to school **a single application per household**.

PART 1. ALL HOUSEHOLD MEMBERS

| Names of all people living in your household (First, Middle Initial, Last) | School the child attends, or indicate "NA" if household member is not in school | Grade Level | Check if a foster child (legal responsibility of the state welfare agency or court). If all children listed below are foster children, skip to Part 4 to sign this form. | |
|--|---|----------------|---|--|
| | | | <input type="checkbox"/> | |
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| | | | <input type="checkbox"/> | |

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Leslee Davis at 270-665-8400, ext. 2014.

HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you enter '0' or leave any fields blank, you are certifying (promising that there is no income to report).

☐ **DECLINE TO PROVIDE INCOME** – Check this box if you don't wish to provide your income information; your SES status will automatically be "Paid".

| 1. NAME (List only household members with income, including any students in the home who have income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | | | | | | | | | | | | |
|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Earnings from work before deductions | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Public assistance, child support, alimony | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Pensions, retirement, Social Security, SSI, VA benefits, All Other Income | Weekly | Every 2 Weeks | Twice Monthly | Monthly |
| (Example) Jane Smith | \$200 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$150 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____ Phone
 Number: _____ Cell Phone Number: _____

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Option school will receive meals at no charge.

HOUSEHOLD CHECKLIST

- ☐ Have you included all your children as household members?
- ☐ For each household member receiving income, is the frequency checkbox checked?
- ☐ Have you signed the form?

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

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice A Month ☐ Month ☐ Year Household size: _____

Categorical Eligibility: _____ SES Code: Free _____ Reduced _____ Paid _____

FRAM Coordinator: _____ Date: _____