

Dear families,

As you may know, our school district receives additional state and local funding to support learning for students whose families are identified as low income. The Massachusetts Department of Elementary and Secondary Education identifies most of these students already, by identifying students who receive public assistance, but not all. We are sending you this form because we think your child may be a student who is eligible to be counted as low-income for school aid purposes, but is not currently being identified. We are asking you to complete this form to assist us in identifying all eligible students and thereby securing more state and local funding for our schools.

**Please be aware that this is a voluntary process. Families are not required to submit this information.**










If you need assistance completing any portion of the form or gathering other required information, please contact: **Zoraida Jordan 978-374-3423 ZJordan@haverhill-ps.org.**

The information that families provide on this form and any supporting documentation will be kept by the school district and only used by the district or the Massachusetts Department of Elementary and Secondary Education to verify household income to determine the state and local funding that the school district will receive.

**IMPORTANT:** This Supplemental Low-Income Data Collection Form will in no way impact your child’s access to free lunch and breakfast. They will continue to receive those meals free each day.

Please follow the steps outlined below to complete the form and return it along with the required supporting documentation to: **Zoraida Jordan 978-374-3423 ZJordan@haverhill-ps.org.**

- In the table below, 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.
- In addition, select the box that represents the range of annual household income.** Make sure to include all income sources, including, work, public assistance, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), unemployment insurance, VA benefits, child income and/or all other income. Report gross income, before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total number of people in household	2. Select the appropriate range of combined annual income for all people in the household <i>(Include all income sources listed above, before taxes.)</i>	
<input type="checkbox"/> 2 	<input type="checkbox"/> \$0 - \$32,227	<input type="checkbox"/> At or Above \$32,228
<input type="checkbox"/> 3 	<input type="checkbox"/> \$0 - \$40,626	<input type="checkbox"/> At or Above \$40,627
<input type="checkbox"/> 4 	<input type="checkbox"/> \$0 - \$49,025	<input type="checkbox"/> At or Above \$49,026
<input type="checkbox"/> 5 	<input type="checkbox"/> \$0 - \$57,424	<input type="checkbox"/> At or Above \$57,425
<input type="checkbox"/> 6 	<input type="checkbox"/> \$0 - \$65,823	<input type="checkbox"/> At or Above \$65,824
<input type="checkbox"/> 7 	<input type="checkbox"/> \$0 - \$74,222	<input type="checkbox"/> At or Above \$74,223
<input type="checkbox"/> 8 	<input type="checkbox"/> \$0 - \$82,621	<input type="checkbox"/> At or Above \$82,622
<input type="checkbox"/> 9 	<input type="checkbox"/> \$0 - \$91,020	<input type="checkbox"/> At or Above \$91,023
<input type="checkbox"/> 10 	<input type="checkbox"/> \$0 - \$99,419	<input type="checkbox"/> At or Above \$99,420
<b>If household has more than 10 people, fill in the following</b>		
<input type="checkbox"/> SIZE: _____	<input type="checkbox"/> ANNUAL INCOME: _____	

3. List all students in the household who are or will be enrolled in the Haverhill School District as of October 1, 2021. If additional students should be included, please add rows below this table.

Completed by families			Completed by the district/school
First name	Last name	Grade	SASID

4. **Supporting documentation:** Please provide one or more of the following sources of written evidence to verify your annual household income. Any documents submitted should provide proof of one month’s income; you can use the month prior to application or the month you applied. Check all sources that apply.

<input type="checkbox"/>	<b>Jobs:</b> Paycheck stub or letter from employer stating gross wages and how often you are paid, or, if you work for yourself, a 1099 or 1040.
<input type="checkbox"/>	<b>Social Security, pensions, or retirement:</b> Social Security retirement benefit letter, statement of benefits received, or pension award notice.
<input type="checkbox"/>	<b>Unemployment, disability, or worker’s compensation:</b> Notice of eligibility from state employment security office, check stub, or letter from the worker’s compensation’s office.
<input type="checkbox"/>	<b>Public Assistance:</b> Benefits letter from the Massachusetts Department of Transitional Assistance for SNAP or TAFDC, or the Executive Office of Health and Human Services for MassHealth.
<input type="checkbox"/>	<b>Child Support or Alimony:</b> Court decree, agreement, or copies of checks received.
<input type="checkbox"/>	<b>Other income (such as rental income):</b> Information that shows the amount of income received, how often it is received, and the date received.
<input type="checkbox"/>	<b>No income:</b> A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.
<input type="checkbox"/>	<b>Military Housing Privatization Initiative:</b> Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

**5. Collateral contacts:** If your household is not able to provide adequate supporting documentation as listed in Step 4 above, then a collateral contact must provide written evidence to support the household's range of combined annual income reported above in Steps 1 and 2.

For the purposes of this supplemental low-income data collection, a *collateral contact* is a person outside of the household who is knowledgeable about the household's circumstances and can confirm a household's income level. This contact cannot be an employee of the student's district, or any individual receiving payments from the district or charter school to manage or administer the income verification process through a contract or other means. Collateral contacts include employers, social service agencies, migrant workers' agencies, and religious or civic organizations.

Name of collateral contact (printed):		
Organizational Affiliation:		
Signature		Today's date
Organization street address (if available), Apt #	City	State: <b>MA</b>
Zip Code	Daytime phone	
Email (optional)		

**6. Contact information and adult signature:** By signing this form, I certify (promise) that all information on this application is true and that all income is reported.

Name of adult completing the form (printed):		
Signature		Today's date
Street address (if available), Apt #	City	State: <b>MA</b>
Zip Code	Daytime phone	
Email (optional)		

**CHECKLIST**

- Have you included all of your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Have you signed the form?

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

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

Name of district or charter school official (printed): **Zoraida Jordan**

Signature: **Zorida Jordan**

Today's date: 9-20-21

**Reminder:** All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the school food service account.