

# VENTURE ACADEMY FAMILY OF SCHOOLS STUDENT DEMOGRAPHIC INFORMATION

LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_  
 ACADEMY \_\_\_\_\_  
 GRADE \_\_\_\_\_

The State of California revised the funding process for schools. This process has made the acquisition of accurate student data essential to maximizing resources available to our schools.

The information requested below will ensure that Venture Academy Family of Schools receives accurate data that will help provide resources for our students. It is strictly for informational purposes only. All information is confidential and will not be shared with any specific person or agency.

## Household Income Data Collection – Venture Academy 2021-22

### PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

### PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. **Circle the total number of ADULTS & CHILDREN living in your household:**

Circle one:      1      2      3      4      5      6      7      8      9      10      Other \_\_\_\_\_

2. **Total Yearly Household Income: \$ \_\_\_\_\_**

**CHECK THE APPLICABLE BOX IF THE STUDENT IS:**     FOSTER YOUTH     HOMELESS     MIGRANT     RUNAWAY

**DO ANY HOUSEHOLD MEMBERS PARTICIPATE IN THE FOLLOWING ASSISTANCE PROGRAMS?**

CalFresh     CalWorks     Food Distribution Prog On Indian Reservations (FDPIR)    ENTER CASE NUMBER: \_\_\_\_\_

### PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide, and that the information could be subject to review.

\_\_\_\_\_  
**Signature of adult household member  
 completing this form**

\_\_\_\_\_  
**Printed name of adult household member  
 completing this form**

\_\_\_\_\_  
**Date**

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Office Use Only

First Review:

Second Review:

F     R     ONE

Initial \_\_\_\_\_ Date: \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_

**Who should I include in “Household Size”?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

**What is included in “Total Annual Household Income”?** Total Annual Household Income includes all of the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

**How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?**

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - If paid weekly, multiply total pay by 52
- Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <https://www.fns.usda.gov/cn/eligibility-manual-school-meals>.**

INCOME ELIGIBILITY GUIDELINES												
Effective from July 1, 2021 to June 30, 2022												
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %					
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>												
1 .....	12,880	23,828	1,986	993	917	459	16,744	1,396	698	644	322	
2 .....	17,420	32,227	2,686	1,343	1,240	620	22,646	1,888	944	871	436	
3 .....	21,960	40,626	3,386	1,693	1,563	782	28,548	2,379	1,190	1,098	549	
4 .....	26,500	49,025	4,086	2,043	1,886	943	34,450	2,871	1,436	1,325	663	
5 .....	31,040	57,424	4,786	2,393	2,209	1,105	40,352	3,363	1,682	1,552	776	
6 .....	35,580	65,823	5,486	2,743	2,532	1,266	46,254	3,855	1,928	1,779	890	
7 .....	40,120	74,222	6,186	3,093	2,855	1,428	52,156	4,347	2,174	2,006	1,003	
8 .....	44,660	82,621	6,886	3,443	3,178	1,589	58,058	4,839	2,420	2,233	1,117	
For each add'l family member, add	4,540	8,399	700	350	324	162	5,902	492	246	227	114	