

2022 - 2023 Ontario-Montclair - School Revenue Opportunity Form

This form helps ensure your child's school gets funding it deserves. Your child will continue to receive free meals at this school. Please use only Black or Blue Pen.

STEP 1 STUDENT INFORMATION - Print the birth date, name, grade and school of EACH child who will attend school this year.

Place a check in the box if a student is a foster, homeless, migrant or runaway

Table with columns: SCHOOL USE ONLY, Student's Birth Date, Student's First Name, Student's Last Name, Grade, School Name, Foster Child, Homeless, Migrant, Runaway. Includes a 'Check all that apply' label for the status columns.

STEP 2 Do any people living in the home (including you) have a CalFresh, CalWORKS or FDPIR Case Number?

If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3)

Mark Which Benefit Received

Checkboxes for CALFRESH, CALWORKS, and FDPIR.

CASE NUMBER:

Case number input field.

Write only one case number in this space.

STEP 3 Find the box below that matches the number of people living in your home and fill in the bubble that matches the household total monthly income.

- 1) Count the number of people living in your home. Including children, students and adults.
2) Estimate the combined monthly income of all people living in your home.
3) Find the box below that matches the number of people living in your home.
4) In that box, fill in the bubble above the range that matches the combined monthly income of all people living in your home. Fill in only one bubble.

Alternatively, write the number of people living in your home and total monthly household income below.

Number of People Living in Home (children, students and adults):

Total Household Monthly Gross Income

MARKING INSTRUCTIONS: Make solid marks that fill the response completely. Erase cleanly any marks you wish to change. Make no stray marks on this form. CORRECT: INCORRECT:

2 People Living in Home. Total monthly income is: \$0 - \$1,984, \$1,985 - \$2,823, \$2,824 or more.

5 People Living in Home. Total monthly income is: \$0 - \$3,518, \$3,519 - \$5,006, \$5,007 or more.

8 People Living in Home. Total monthly income is: \$0 - \$5,052, \$5,053 - \$7,189, \$7,190 or more.

3 People Living in Home. Total monthly income is: \$0 - \$2,495, \$2,496 - \$3,551, \$3,552 or more.

6 People Living in Home. Total monthly income is: \$0 - \$4,029, \$4,030 - \$5,734, \$5,735 or more.

9 People Living in Home. Total monthly income is: \$0 - \$5,564, \$5,565 - \$7,917, \$7,918 or more.

4 People Living in Home. Total monthly income is: \$0 - \$3,007, \$3,008 - \$4,279, \$4,280 or more.

7 People Living in Home. Total monthly income is: \$0 - \$4,541, \$4,542 - \$6,462, \$6,463 or more.

10 People Living in Home. Total monthly income is: \$0 - \$6,076, \$6,077 - \$8,645, \$8,646 or more.

STEP 4 Contact information (Printed) and Adult 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.

Street Address (if available), Apt#, City, State, Zip, Daytime Telephone Number.

FIRST NAME of adult completing the form

LAST NAME of adult completing the form

SIGNATURE REQUIRED

Today's date

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