



2024-2025 SY Household Income Information Survey

Dear Parents/Guardians:

You only need to do ONE form per household. Send the form back to school with ONE of your children. Williamsport Area School District is required to report on economic characteristics of our community. We receive money from the government based on our need. We need your help in completing the form below. Please note: it is VERY important that this form is returned, and filled out completely. If you would prefer to complete a similar form electronically, please use the QR code or this link and log into School Café and click on the Apply button on the left navigation bar.



<https://bit.ly/3IAMApb>

Please contact Staci Godfrey at sgodfrey@wasd.org or 570-327-5500 Ext. 40104 with questions. Thank you for your assistance.

PLEASE PRINT All information is PRIVATE and CONFIDENTIAL

**PART ONE: Fill in for all children living in your household in grades Pre-K - 12.
If you need additional space, please provide names on a separate paper.**

Student First and Last Name	Date of Birth	School	Grade

PART TWO: Check off any of the following benefits you CURRENTLY receive.

SNAP (Supplemental Nutrition Assistance Program) – Food Stamps

TANF (Temporary Assistance for Needy Families)

If anyone in your household participates in any of the above programs, please provide your 9-digit case number: _____

PART THREE: Based on your household size, check the appropriate box for your household income. Include EVERYONE who lives with you. Income includes money from work, pensions, alimony/child support, public assistance, etc .

Circle # of People in Household	Household Income Range (Based on # of People in Household Check One Box ONLY)		
2	<input type="checkbox"/> \$26,572 or LESS	<input type="checkbox"/> \$26,573 to \$37,814	<input type="checkbox"/> MORE than \$37,815
3	<input type="checkbox"/> \$33,566 or LESS	<input type="checkbox"/> \$33,567 to \$47,767	<input type="checkbox"/> MORE than \$47,768
4	<input type="checkbox"/> \$40,560 or LESS	<input type="checkbox"/> \$40,561 to \$57,720	<input type="checkbox"/> MORE than \$57,721
5	<input type="checkbox"/> \$47,554 or LESS	<input type="checkbox"/> \$47,555 to \$67,673	<input type="checkbox"/> MORE than \$67,674
6	<input type="checkbox"/> \$54,548 or LESS	<input type="checkbox"/> \$54,549 to \$77,626	<input type="checkbox"/> MORE than \$77,627
7	<input type="checkbox"/> \$61,542 or LESS	<input type="checkbox"/> \$61,543 to \$87,579	<input type="checkbox"/> MORE than \$87,580
8	<input type="checkbox"/> \$68,536 or LESS	<input type="checkbox"/> \$68,537 to \$97,532	<input type="checkbox"/> MORE than \$97,533

If your household size is larger than 8, list the household size and yearly household income below:

Household Size: _____ Yearly Income: _____

PART FOUR: Fill in your Parent/Guardian information

Parent/Guardian Name:		
Address:		Apt. #
City:	State:	Zip Code:

Adult Signature:

I, _____, certify that all information on this survey is true and all income is reported
Printed Name

Signature

Date



Williamsport Area School District

2780 West Fourth Street Williamsport, PA 17701

(570) 327-5500 • www.wasd.org

Dear Parent/Guardian:

We are pleased to inform you that the Williamsport Area School District will be participating in the Community Eligibility Provision (CEP) program again for the 2024/2025 school year.

What does this mean for you and your children attending our schools?

All students enrolled in and attending Williamsport Area School District Schools are eligible to receive a nutritional breakfast and lunch each school day at **no charge** to your household. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application. *

* The district will be asking households with a student participating in the CEP, to complete a Household Income Information Survey; however, receipt of free breakfast and lunch meals does not depend on returning it. We receive funds from the government based on our need. We need your help in completing the form.

If you have any questions about this letter, please contact us at (570) 327-5500, extension 40104.

Sincerely,

Staci Godfrey

Non-Discrimination Statement: *This explains what to do if you believe you have been treated unfairly.*

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

ATTENTION: *If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.*

ATENCIÓN: *Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Comuníquese con la escuela de su niño.*

HELP OUR SCHOOL!

**Please Complete The Household Income Form
To Increase School Funding!**

State & Federal Revenue
Depends On The Return Of This
Form!

Do I Need to Fill Out The Form
For Each Child?
No, One Form Per Household

Do I need to fill out the form if I
already qualify for Food
Stamps or Public Assistance?
No, Not Required To Complete

Will This Form Be Kept
Confidential?
Yes

Can I Opt Out?
Yes – Simply write “Decline to
Complete” across the Form



Prefer to complete electronically - Please use
the link or QR code to log into your School
Cafe account & select Apply

<https://bit.ly/3IAMApb>

