

ESEA Program Eligibility Guidelines

July 1, 2018- June 30, 2019

FREE

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	15,782	1,316	658	507	304
2	21,398	1,784	892	823	412
3	27,014	2,252	1,126	1,039	520
4	32,630	2,720	1,360	1,255	628
5	38,246	3,188	1,594	1,471	736
6	43,862	3,656	1,828	1,687	844
7	49,478	4,124	2,062	1,903	952
8	55,094	4,592	2,296	2,119	1,060
Each Additional Member Add:	+5,616	+458	+234	+216	+108

REDUCED

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	22,450	1,872	936	854	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,766	893
5	54,427	4,536	2,268	2,064	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each Additional Member Add:	+7,992	+666	+333	+306	+154

Note:

If all income is received on the same schedule

Example: *alimony = \$100 / month & pension = \$300 / month*

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: *alimony = \$100 / month & pension = \$300 / week*

Income **MUST** be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month (Bi-Monthly)	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

DO NOT round the values resulting from each conversion

Updated May 2018

Guidelines to Determine Eligible Students

The Arizona Department of Education provides the following FY 2019 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines on the attached **ESEA Eligibility Guidelines** schedule?

Indicator 1 ☐

Indicator 2 ☐

No ☐

Definition of income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name	Name of School	Grade
_____	Select from list	_____
_____	Select from list	_____
_____	Select from list	_____
_____	Select from list	_____

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature _____ Date: _____

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.