2022-23 Application for Free and Reduced-price School Meals

Complete one application per household and return to the school. Please use pen.

STEP 1 List ALL CHILDREN in the household. If more space is required for additional names, attach another sheet of paper.

DEFINITIONS:

Children in Household: Any infant, child or student up to 12th grade that lives in your household.

Household Member: Anyone who is living with you who shares income and expenses, even if not related.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Y	Student? N	Homeless (or) Runaway	Migrant	Foster

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs SNAP or TANF or FDPIR?

☐ **NO** If **NO** household member participates in SNAP or TANF or FDPIR, complete STEP 3.

☐ **YES** If **YES**, write your SNAP or TANF or FDPIR case number here and then go to STEP 4. Do not complete STEP 3. → **MT Case #:**

STEP 3 Report Income for ALL Household Members. Skip this step if you wrote a SNAP or TANF or FDPIR case number in STEP 2.

A. **Child Income**
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here. → $

B. **Adult Income** (including yourself)
List **ALL Household Members not listed in STEP 1** (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

First and Last Name of Adult Household Member	Earnings from Work	Public Assistance/Child Support/ Alimony	Pension/Retirement/ All Other Income
	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly
	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly
	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly
	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly	$ ☐ Weekly ☐ Bi-Weekly ☐ 2X Month ☐ Monthly ☐ Yearly

C. **Total Household Members** (Children and Adults) ☐☐

D. **Last Four Digits of Social Security Number (SSN)** (Primary Wage Earner or Other Adult Household Member) X X X X X ☐☐☐☐ Check if no SSN ☐

STEP 4 Contact Information and Adult Signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Mailing Address | **Apt #** | **City** | **State** | **Zip** | **Daytime Phone and Email (optional)**

Printed Name of Adult Completing Form | **Signature of Adult Completing Form** | **Today's Date**

SCHOOL USE ONLY School District Must Complete This Section.

Signature of Determining Official: _____ Date: _____

Signature of Confirming Official: _____ Date: _____

Signature of Verifying Official: Date: _____

Application Received: ☐ **Application Effective Date:** ☐

Directly Certified (DC) from DCA/Source Records: ☐ SNAP DC ☐ TANF DC ☐ FDPIR DC ☐ Homeless/Runaway DC ☐ Migrant DC ☐ Foster DC

Categorical Eligibility: ☐ Foster Child ☐ Case Number

Total Household Income: $_____ per _____

Household Size:

Application Approved For: ☐ Free Meals ☐ Reduced-Price Meals ☐ Application Denied

ANNUAL INCOME CONVERSION

Weekly X 52
Bi-Weekly X 26
Twice a Month X 24
Monthly X 12

Convert to annual income ONLY if different frequencies of income listed.

OPTIONAL **Children's Racial and Ethnic Identities.**

Collecting racial and ethnic information helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race:

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.

Free/Reduced Price School Meal Application Income Guidelines

Household Size	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	$25,142	$2,096	$1,048	$967	$484
2	$33,874	$2,823	$1,412	$1,303	$652
3	$42,606	$3,551	$1,776	$1,639	$820
4	$51,338	$4,279	$2,140	$1,975	$988
5	$60,070	$5,006	$2,503	$2,311	$1,156
6	$68,802	$5,734	$2,867	$2,647	$1,324
7	$77,534	$6,462	$3,231	$2,983	$1,492
8	$86,266	$7,189	$3,595	$3,318	$1,659
Each additional family member	$8,732	$728	$364	$336	$168

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Application Instructions – Free and Reduced-price School Meals

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household if all of your school-aged children attend [School District]. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact [school district contact, phone & email preferred]. Please use a pen (not a pencil) to complete the application and print clearly.

STEP 1: List ALL CHILDREN in the Household.

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

- Children age 18 or under (related or unrelated) that are supported with the household's income;
- Children in your care under a foster arrangement, or who qualify as homeless, migrant, or runaway youth;
- Students attending [school/school system here], *regardless of age.*

- **List each child's name.** For each child, print their first name, middle initial, and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.
- **Is the child a student?** If attending school, indicate the name of school and grade level for each child and mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend **[name of school/school district here]**.
- **Are any children homeless, runaway, or migrant?** If you believe any child listed in this section may meet this description, please mark the "Homeless, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**
- **Do you have any foster children?** If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and STEP 4 of these instructions.

STEP 2: Participation in SNAP, TANF or FDPIR?

If anyone in your household participates in any of the programs below, your children are <u>eligible</u> for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps
- Temporary Assistance for Needy Families (TANF)
- Food Distribution Program on Indian Reservations (FDPIR)

- IF ***NO ONE*** IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:
  - Mark *NO* in the box and skip to STEP 3 of these instructions and STEP 3 of your application.
  - Leave the MT Case# box blank.
- IF ***ANYONE*** IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:
  - Mark *YES* in the box and provide a MT case number for SNAP, TANF, or FDPIR. You only need to write one case number. If you participate in SNAP and do not know your case number, contact: 1-866-850-1556. You <u>must</u> provide a MT case number on your application if you marked the box *YES*.
  - Skip to STEP 4 of these instructions and STEP 4 of your application.

STEP 3: Report Income for ALL Household Members

A. Child Income

Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income, for ALL children in your household listed in STEP 1, in the box marked "Total Child Income". **Only** count foster children's personal income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid directly to your children on a *regular/frequent* basis. Infrequent earnings, such as occasional baby-sitting or mowing lawns, are not counted as income. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children	
Sources of Child Income	**Example(s)**
• Regular earnings from work	• A child has a job where they earn a salary or wages.

• Social Security
  ○ Disability Payments
  ○ Survivor's Benefits
	• A child is blind or disabled and receives Social Security benefits.
	• A parent is disabled, retired, or deceased, and their child receives social security benefits.

• Income from persons *outside* the household	• A friend or extended family member *regularly* gives a child spending money.
• Income from any other source	• A child receives income from a private pension fund, annuity, or trust.

Adult Income - Who should I list here?

When filling out this section, please include all members in your household who are:

- Living with you and share income and expenses, even if not related and even if they do not receive income of their own.
- College students temporarily away

Do not include:

- People who live with you but are not supported by your household's income, and who do not contribute income to your household.

B.

Adult Income

Print the first and last name of all Household Members not listed in STEP 1 even if no one receives income.

Sources of Income

Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

How do I fill in the amount and how often it is received?

For each type of income.

- Report all amounts as gross income ONLY. Report income in whole dollars. Do not include cents.
  - Gross income is the total income received before taxes or deductions.
  - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified (chosen to provide proof of income) for cause.
- Mark the circle to the right of the dollar amount to indicate how often income is received.

Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

Use this chart to determine if your household has income to report.

Sources of Income for Adults		
Earnings from Work	**Public Assistance/Child Support/Alimony**	**Pensions/Retirement/All Other Income**
• **Gross** income from salary, wages, or cash bonuses • **Net** income from **self-employment** (farm or business) • Strike benefits **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • *Regular* cash payments from outside household

C. Report total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)". This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for free and reduced-price meals.

D. Provide the last four digits of your Social Security Number.

The household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space provided. **You are eligible to apply for benefits even if you do not have a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN".

STEP 4: Contact Information and Adult Signature.

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Please also make sure you have read the use of information and civil rights statements on the back of the application.**

1. **Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
2. **Sign and print your name.** Print and sign your name in the designated boxes as the adult completing the form.
3. **Write today's date.** In the space provided, write today's date in the box.
4. **Share Children's Racial and Ethnic Identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity.

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FREE AND REDUCED-PRICE SCHOOL MEALS
FREQUENTLY ASKED QUESTIONS

Dear Parent/Guardian:

Children need healthy meals to learn. Butte School District offers healthy meals every school day. Breakfast costs **$1.75**; lunch costs Elementary **$2.75** and Butte High School and East Middle School **$3.00**. **Your children may qualify for free meals or for reduced-price meals.** Reduced price is **$.30** for breakfast and **$.40** for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED-PRICE MEALS?
   - All children in households receiving benefits from **Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR)** or **Temporary Assistance for Needy Families (TANF)** are eligible for free meals.
   - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
   - Children participating in their school's Head Start program are eligible for free meals.
   - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
   - Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines.

FEDERAL ELIGIBILITY INCOME CHART for School Year 2022-2023			
Household size	Yearly	Monthly	Weekly
1	$25,142	$2,096	$484
2	$33,874	$2,823	$652
3	$42,606	$3,551	$820
4	$51,338	$4,279	$988
5	$60,070	$5,006	$1,156
6	$68,802	$5,734	$1,324
7	$77,534	$6,462	$1,492
8	$86,266	$7,189	$1,659
Each additional family member, add:	$8,732	$728	$168

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call (406) 533-2548 or e-mail Jim O'Neill School Homeless Liaison/Migrant Coordinator at oneilljh@bsd1.org

3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced-Price School Meals Application for all students in your household* if all children attend [Name of School District]. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Jennifer Ritari at 2801 Grand Avenue, Butte, MT. 59701 or call (406) 533-2590 or email at ritarijk@bsd1.org
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Jennifer Ritari at 2801 Grand Avenue, Butte, MT. 59701 or call (406) 533-2590 or email at ritarijk@bsd1.org

5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **10/11/2022**. You must send in a new application unless the school already told you that your child is eligible for the new school year. If you do not send in a new

application that is approved by the school, or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

6. I RECEIVE WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application for your child to receive benefits.

7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Superintendent Judy Jonart at 111 North Montana or call (406) 533-2527 or email at jonartjm@bsd1.org

10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.

11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income. Seasonal employees may project their annual rate or use the prior year's earnings – whichever provides a more accurate reflection of earnings.

12. HOW DO I DETERMINE SELF-EMPLOYED INCOME? Self-employed persons may use the previous year's income as a basis to project their current year's net income unless their current net income provides a more accurate measure. Self-employed should use their net income rather than gross income.

13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. Contact Jennifer Ritari at 2801 Grand Avenue, Butte, MT. 59701 or call (406) 533-2590 or email at ritarijk@bsd1.org

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **SNAP** or other assistance benefits, call the Montana Public Assistance Helpline at 1-888-706-1535, apply online at https://apply.mt.gov/ or contact a local assistance office.

If you have other questions or need help, call (406) 533-2590.

Sincerely,

Kurt Marthaller

Kurt Marthaller
Director of Central Services
Butte School District #1

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QUICK TIPS FOR FILLING OUT YOUR HOT LUNCH APPLICATION

An application is needed only If you have **NOT** already received notification of Free Meals via Letter from Butte School District #1 in mid-August, or Department of Health and Human Services letter dated after July 1st of the current year.

- ***One (1) form per family only please.*** Must be a current year form. Please use black or blue pen and please also write clearly/legibly.
- If you have already received a Direct Certification letter from the school district dated after July 1 of the current year stating that you have already qualified, it is not necessary to fill out an application. It is also not necessary to return the letter to us, it is for your records only.
- Gross income is defined as your Income before taxes, not what you bring home (net income after taxes) unless you are self-employed business or farm owner.
- Fill in the **frequency** in which you receive your income (monthly, weekly, etc).
- Child support, alimony and adoption subsidy all count as income.
- Please be sure to fill in your 6-digit SNAP Case Number.
- List **all people** living in your household if they are dependent on your income (children, grandparents, etc).
- The number of names you have listed in your household must match the household number of names you have noted on your form, this is very important.
- Please make sure you **sign and date** your form.
- Please be sure to include the last 4 digits of your social security number on all forms. We are unable to process your application without this information.

Please keep in mind, it is optional to apply for a benefit, not a requirement.

INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2022 through June 30, 2023)

If more than one income is reported, all income should be converted to a yearly figure before a determination is made.
The conversion formula is as follows:
Monthly x 12
Twice a Month x 24
Every Two Weeks x 26
Weekly x 52

Household Size	Free Meals – 130%					Reduced-Price Meals – 185%				
	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	$17,667	$1,473	$737	$680	$340	$25,142	$2,096	$1,048	$967	$484
2	$23,803	$1,984	$992	$916	$458	$33,874	$2,823	$1,412	$1,303	$652
3	$29,939	$2,495	$1,248	$1,152	$576	$42,606	$3,551	$1,776	$1,639	$820
4	$36,075	$3,007	$1,504	$1,388	$694	$51,338	$4,279	$2,140	$1,975	$988
5	$42,211	$3,518	$1,759	$1,624	$812	$60,070	$5,006	$2,503	$2,311	$1,156
6	$48,347	$4,029	$2,015	$1,860	$930	$68,802	$5,734	$2,867	$2,647	$1,324
7	$54,483	$4,541	$2,271	$2,096	$1,048	$77,534	$6,462	$3,231	$2,983	$1,492
8	$60,619	$5,052	$2,526	$2,332	$1,166	$86,266	$7,189	$3,595	$3,318	$1,659
For each additional family member, add	$6,136	$512	$256	$236	$118	$8,732	$728	$364	$336	$168

Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620-2501

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