

Orange County Department of Education  
Division of Alternative Education  
Alternative, Community, and Correctional Education Schools and Services

**LOCAL CONTROL FUNDING FORMULA  
LOW-INCOME ACCOUNTABILITY AND FUNDING ELIGIBILITY 2014-15**

In an effort to identify low-income students based on the Local Control Funding Formula (LCFF) for accountability and funding purposes only, please complete this form for each student enrolled.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_

School/Administrative Unit: \_\_\_\_\_

Please check the one that apply to the above student:

☐ Household member receives one of the following benefits. Please check one:  
☐ CalFresh – Case # \_\_\_\_\_ ☐ Kin-GAP – Case # \_\_\_\_\_  
☐ CalWORKS – Case # \_\_\_\_\_ ☐ FDPIR – Case # \_\_\_\_\_

☐ Foster Care Child or Child placed in out-of-home care (is under the legal responsibility of a foster care agency or court).

☐ Child is: ☐ Homeless\*<sup>1</sup> ☐ Runaway\*<sup>2</sup> ☐ Migrant \*<sup>3</sup>

☐ Meets the FRPM income eligibility based on the “FRPM Income Eligibility Scales for 2013-2014” (see back of form):  
☐ FM Eligibility Scale ☐ RM Eligibility Scale

☐ Student does not meet the criteria as outlined above.

I certify (promise) that all of the above information is true and correct and that all income was included when determining income eligibility. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Print name of adult household member completing this form: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

Street Address, Apt#, etc. City State Zip

Home Phone Number Cell Phone Number Email Address

\*School official use: Verification completed by school <sup>1</sup>Homeless Liaison, <sup>2</sup>local educational liaison, <sup>3</sup>local Migrant Education Program (MEP) coordinator or Homeless Liaison. \_\_\_\_\_ Yes, student qualifies under the status definition \_\_\_\_\_ No, student does not qualify,

# FRPM Income Eligibility Scales for 2014-15

**Effective July 1, 2014, through June 30, 2015**, participants from households with incomes at or below the following levels qualify under the supplemental/concentration grant funding.

**Note:**

The income calculations are based on annual figures and the following formulas: Monthly = annual income divided by 12; Twice Per Month = annual income divided by 24; Every Two Weeks = annual income divided by 26; and Weekly = annual income divided by 52. All dollar amounts are rounded up to the next whole dollar.

Income from all members of the household must be included in the calculation.

Income to include, but not limited to: Gross earnings from work (amount earned before taxes and other deductions), Pensions, Retirement, Social Security, Supplemental Security Income (SSI), VA benefits, Welfare Benefits, Child Support, Alimony payments, Disability Benefits, Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, cash withdrawn from savings, interest and dividends, income from estates, trusts, and investments, net royalties and annuities, net rental income and any other income, including temporary income.

Do not include income from CalFresh, CalWorks, Kin-GAP, FDPIR, WIC, Federal education benefits, and foster payments received by your family from the placing agency, Military Privatized Housing Initiative or combat pay.

HOUSEHOLD SIZE	FM ELIGIBILITY SCALE					RM ELIGIBILITY SCALE				
	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$15,171	\$1,265	\$ 633	\$ 584	\$ 292	\$21,590	\$1,800	\$ 900	\$ 831	\$ 416
2	20,449	1,705	853	787	394	29,101	2,426	1,213	1,120	560
3	25,727	2,144	1,072	990	495	36,612	3,051	1,526	1,409	705
4	31,005	2,584	1,292	1,193	597	44,123	3,677	1,839	1,698	849
5	36,283	3,024	1,512	1,396	698	51,634	4,303	2,152	1,986	993
6	41,561	3,464	1,732	1,599	800	59,145	4,929	2,465	2,275	1,138
7	46,839	3,904	1,952	1,802	901	66,656	5,555	2,778	2,564	1,282
8	52,117	4,344	2,172	2,005	1,003	74,167	6,181	3,091	2,853	1,427
<b>For each additional family member, add:</b>										
	\$ 5,278	\$ 440	\$ 220	\$ 203	\$ 102	\$ 7,511	\$ 626	\$ 313	\$ 289	\$ 145

- Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses. This scale does not apply to households that receive CalFresh (formerly Food Stamps), Kinship Guardianship Assistance Payment (Kin-Gap), Food Distribution Program on Indian Reservations (FDPIR) benefits, or children who are recipients of California Work Opportunity and Responsibility to Kids Program (CalWORKs). Those children automatically qualify.
- In the Adult Care Component of the Child and Adult Care Food Program, a household includes the adult participant and, if residing with the participant, the spouse as well as any persons who are economically dependent on the adult participant. This scale does not apply to members of CalFresh (formerly Food Stamps) households, or recipients of Supplemental Security Income, Medicaid/Medi-Cal, or FDPIR benefits. Those participants automatically qualify.