



Wisconsin Department of Public Instruction
**MILWAUKEE PARENTAL CHOICE PROGRAM &
 PARENTAL PRIVATE SCHOOL CHOICE PROGRAM**
FAMILY INCOME ELIGIBILITY (2011 INCOME)
SCHOOL YEAR 2012-13
 PI-PCP-104 (New 01-11)

INSTRUCTIONS: This form should be used to determine income eligibility if the parent(s) and guardian(s) do not provide a social security number or tax id number. All income documentation must be attached to this form. A separate application and income forms must be completed for students that reside at different addresses or have different parents or legal guardians.

This collection is a requirement of s. 119.23, Wis. Stats and s. 118.60, Wis. Stats.

I. STUDENT APPLICANT NAME(S)

Include all students applying to the program on the application below. Note: A separate application and income forms must be completed for students that reside at different addresses or have different parents or legal guardians.

Pupil is in kinship care or foster care. (Applicant must provide documentation that the pupil is participating in the program). If so, use 1 for the family size in Section III. Participants in these programs should be marked as eligible in Section III.

Student Applicant Name(s) First, MI, Last	Student Applicant Name(s) First, MI, Last
1	5
2	6
3	7
4	8

II. ADJUSTED INCOME

Enter 2011 adjusted gross income shown on filed tax return in Column B. A tax return must be provided if filed. If a tax return has not been filed, list total income provided for each individual in Columns C, D, and E. "Other" documentation (Column E) includes final 2011 wage statements, written statements identifying 2011 cash income, or other documentation of 2011 income. DO NOT include Supplemental Security Income (SSI), Wisconsin Works (W2), Temporary Assistance for Needy Families (TANF), food share (food stamps), housing assistance income, or other government provided assistance. Support for income identified in Columns B, C, D, and E below must be included with the application.

Line	(Column A) List Below the name(s) of all parents and/or guardians on the application	(Column B) Adjusted Gross Income per Filed 2011 Federal Income Tax Return	(Column C) Total 2011 Income per W-2 Tax Forms	(Column D) Total 2011 Income Amount per 1099 Forms	(Column E) Total 2011 Income per Other Documentation
1					
2					
3	TOTAL				
4	Total Combined Income (Add the total of Columns B, C, D & E.) If the total equals \$0 or is insufficient to provide basic needs (food, clothing and shelter) complete the No Family Income form.				
5	If the parents/guardians included above are married, insert \$7,000 here.				
6	Adjusted Income (Line 4 less Line 5)				

III. INCOME ELIGIBILITY

Select the family size determined on the application. If the family size is above 6, determine the maximum yearly income by adding \$11,931 for each additional family member to \$93,663. Then insert the family size and maximum calculated income on the blank lines below. Check "Yes" if the adjusted income level in Section II, Line 6 is at or below the amount listed for the selected family size or "No" if the adjusted income is higher than the amount in Section II, Line 6.

Select the Family Size	Maximum Yearly Income	Yes	No
1 <input type="checkbox"/>	Is your adjusted income at or below \$34,008?	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/>	Is your adjusted income at or below \$45,939?	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/>	Is your adjusted income at or below \$57,870?	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/>	Is your adjusted income at or below \$69,801?	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="checkbox"/>	Is your adjusted income at or below \$81,732?	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="checkbox"/>	Is your adjusted income at or below \$93,663?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Is your adjusted income at or below \$?	<input type="checkbox"/>	<input type="checkbox"/>

IV. SIGNATURES

For Use of Parent or Guardian: I CERTIFY, as the parent or guardian, that all of the above information is true and correct.

Signature of Parent or Guardian	Date Signed Mo./Day/Yr.
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For School Use Only: I have reviewed the above and the required supporting documentation and have concluded that it is properly and completely filled out to the best of my knowledge.

School Administrator or Designee Signature	Date Signed Mo./Day/Yr.
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