Dear Parent/Guardian,

High schools that are participating in the diversity initiative will give a certain percentage of applicants in the incoming ninth and tenth grades an admissions priority based on income, status as an English Language Learner, or is living in temporary housing. The programs listed on the following web page are participating in the pilot initiative for the 2018-2019 school year: https://www.schools.nyc.gov/enrollment/enrollment-help/meeting-student-needs/diversity-in-admissions

Based on your family size, your child is eligible if your family earns less than the income requirements listed in the following table, or receives HRA benefits listed below, or lives in temporary housing. If your child is eligible based on any of these requirements, please check the corresponding box next to "Reduced Price Lunch based on income" or "Free Lunch based on HRA benefits or temporary housing" from the options below:

Reduced Priced Lunch based on income:

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	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	1,786	893
5	54,427	4,536	2,268	2,094	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
For each add'l family member, add	7,992	666	333	308	154

Free Lunch based on income:

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,782	1,316	658	607	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
For each add'l family member, add	5,616	468	234	216	108

Women, Infants, and ChSupplemental NutritionTemporary Assistance for	penefits or temporary housing: ildren (WIC) Assistance Program (SNAP) or Needy Families (TANF) ording to McKinney-Vento)	
Your school will verify that you a with your school.	and your child are receiving these benefit	s. The Office of Student Enrollment will verify
the previous page or because my the purpose of verifying that ou	family receives benefits from HRA as lister family income qualifies us as eligible for	ne requirements listed in one of the tables on d above. I understand that this form is only for the schools' admissions priorities as listed on ment-help/meeting-student-needs/diversity-
STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT ID #
Parent/Guardian Signature:		Date:
Parent/Guardian Name (please	orint):	
Please return this form to your s	chool administrator.	
For school use only:		
		using the process described in these links: -matching-process-and-mandatory-reporting-
https://hungersolutionsny.org	/wp-content/uploads/2017/06/correctin	g_your_direct_cert_list_july15.pdf
Enter the correct information FREE MEALS (HRA) FREE MEALS (FORM) REDUCED PRICE MEAL FULL PRICE MEALS FULL PRICE MEALS (M FULL PRICE MEALS (NO	S SSING INFORMATION)	