2024-2025 IDOE CHOICE VOUCHER FORM

*This is an in-house CCS form used to gather the necessary information to file for a choice voucher.

Income Guidelines: Using your 2023 Adjusted Gross Income (AGI) found on Tax Form 1040, does your family meet the income guidelines below? If yes, continue to fill out the rest of the form.

Eligibility Guidelines					
2024-2025					
400% Federal Free/Reduced Lunch					
Household Size	Income Limit				
1	\$111,444				
2	\$151,256				
3	\$191,068				
4	\$230,880				
5	\$270,692				
6	\$310,504				
7	\$350,316				
8	\$390,128				
9	\$429,940				
10	\$469,752				
Each Additional	\$39,812				

Parent/Guardian Name(s):								
Student(s) Information:								
Last Name	First	Middle	Grade (fall 2024)	DOB				
Last Name	First	Middle	Grade (fall 2024)	DOB				
Last Name	First	Middle	Grade (fall 2024)	DOB				
Last Name	First	Middle	Grade (fall 2024)	DOB				
Last Name	First	Middle	Grade (fall 2024)	DOB				
Student(s) Home Ad	dress:							
Street		Cit	y State		Zip Code			
County of Residence	::							
Parent Phone Number: ()		Parent E-mail	address:					
List any student(s) that have an Individualized Education Program (IEP)/Service plan:								

Reference the <i>Choice Scholarship Program Income Limits by Household Size 2024-2025</i> document as well as the <i>Choice Scholarship Program Income Verification Rules 2024-2025</i> document that explains how the Household Size and Household Income are determined for Choice Scholarship Purposes.					
Hous	ehold size at the time of application:				
Hous	ehold income from 2023:				
	Type of Income (extra lines provided for income not included in AGI)	Amount of Income			
Adjusted Gross Income (AGI) from 2023 Federal tax return		\$			
•		\$			
-		\$			
-		\$			
-		\$			
•	Total 2023 Household Income (Required)	\$			
	<u> </u>				
Proof	of total income must be accurate and submitted for EACH household members.	per (if contained on separate 1040s).			
<u>VER</u>	FYING HOUSEHOLD SIZE & INCOME				
	(initial) – I have read the <i>Choice Scholarship Program Income Limits b</i>	y Household Size 24-25 document			
	(initial) - I have read the <i>Choice Scholarship Program Income Verifica</i>	tion Rules 24-25 document			
If a 2	123 Federal Tay Return is available and provides a current & accurate picture	of household size and income the Adjusted			
If a 2023 Federal Tax Return is available and provides a <u>current & accurate</u> picture of household size and income, the Adjusted Gross Income amount on the Federal Tax Return should be used to determine income eligibility.					
 If members of the same household filed separate 2023 Federal Tax Returns, the Adjusted Gross Income and household sizes for each return should be added together to determine the total household income and size and complete the Household Summary Form. If separate Tax Returns are being used, please check boxes 2 & 3 below. 					
 If the household size on the tax return is not an accurate representation for purposes of reporting within the Choice Scholarship Program, the parent/guardian <u>must</u> complete the <i>Household Summary Form</i>. 					
Choose all that apply: I will submit my 2023 Federal Tax Return (first page of 1040) because it provides an accurate picture of my household size and income. (One 1040 includes all income & indicates accurate household size)					
[My 2023 Federal Tax Return <u>does not accurately depict my household income</u> for purposes of determining eligibility in the Choice Scholarship Program. If selecting this option, please email Josh Knoedler (jknoedler@ccsindy.org) to request the <i>Household Summary Form</i> for completion.				
(My 2023 Federal Tax Return does not accurately depict my household size for purposes of determining eligibility in the Choice Scholarship Program. If selecting this option, please email Josh Knoedler (jknoedler@ccsindy.org) to request the Household Summary Form for completion.				
I veri	e reviewed all the requirements to determine household size and household that I have accurately disclosed this information on the Scholarship Into e Choice Scholarship Program.				
Print	ed Name of Parent or Guardian				
Signa	ture of Parent or Guardian D	ate Signed			