Instructions for Completing the Compensatory Education Funding Qualification Form

| · · · · · · · · · · · · · · · · · · · | | using the instructions below. Sign, date and | | | | |
|---|---|--|--|--|--|--|
| return the form to If you need assistance, call Complete a separate form for each child in your household that attends public school. | | | | | | |
| • | • | | | | | |
| 1. Child information. Print your chi | ild's name, grade, and the name of the school | l. | | | | |
| 2. Foster child. Complete this section foster child does not receive "person section #5. You are not required to l | al use" income. A foster parent or other offic | 's monthly "personal use" income. Put " 0 " if the cial representing the child must sign the form in | | | | |
| you are receiving SNAP or TANF bei | nefits for the child, complete this section o | tance for Needy Families (TANF) benefits. If the form. List the current SNAP or TANF case #5. You are not required to list a social security | | | | |
| 4. All other households. Complete TANF benefits for the child. (If you heach one, you only need to complete | nave more than one child attending public so | foster child and you are <u>not</u> receiving SNAP or shool and you are filling out a separate form for | | | | |
| List the name of everyone in your ho other household members. | usehold even if they do not have an income. | Include yourself, your spouse, the child, and all | | | | |
| source, such as earnings, welfare, pe | nsions, and other income. (See examples be | any other payroll deductions. List the income low for types of income to report.) Each income nt last month was more or less than usual, write | | | | |
| | amount of income the person earns from s rm or a business such as a day care center. | elf-employment. For example, self-employment | | | | |
| Sign the form in section #5 and list y | our social security number. If you do not hav | e a social security number, write "none." | | | | |
| a SNAP or TANF case number or the | | f an adult household member. Unless you have ne social security number of the adult who signs ial security number, put "none." | | | | |
| 6. Consent. The adult household me | mber whose signature appears in 5 should s | ign and date the consent. | | | | |
| Examples of Income to Report | | | | | | |
| Earnings from work Wages/salaries/tips | Pensions/Retirement/Social Security Pensions | Other Monthly Income/Self-Employment Disability benefits | | | | |
| Strike benefits | Supplemental security income | Cash withdrawn from savings | | | | |
| | m | 1 | | | | |

Unemployment compensation Worker's compensation Net income from self-owned Social security business such as day care center, farm or other

Welfare/Child Support/Alimony

Public assistance payments Welfare payments Alimony/child support payments Retirement income Veteran's payments

Interest/dividends Income from estates/trusts/investments Regular contributions from persons not living in the household Net royalties/annuities/net rental income Military allowance for off-base housing Any other income

Confidential Information

School District/Charter School

Confidential Information

Form for Compensatory Education Funding Qualification School Year 2021–2022

| (Last Name) | | (First Name) | • | iddle Initial) | |
|--|--|--|--|---|----------------------|
| Child's grade: School: | | | SSN or student ID:_ | (Optional) | |
| | | | | | |
| Is the child a foster child? If this is | s a foster ch | ild, check here [] | and list the child's r | nonthly personal us | se income: |
| SKIP s | sections #3 | and #4 and GO TO | section #5. | | |
| Are you receiving SNAP or TANF bere [], list the case number, and the | enefits for en SKIP secti | your child? If you on #4 and GO TO | are receiving SNAP section #5. | or TANF benefits fo | or this child, check |
| SNAP case number: | - | _TANF case num | ber: | | |
| All other households. Complete the child (you did not complete secseparate form for each, you may const all household members including the child of | tions #2 or nplete this s the child list | #3). (If you have n ection only once.) ed above. Show al | nore than one child Il income. Then, GO | attending school ar TO section #5. | id you are comple |
| Name of household members (include the child listed above) | Check if \$0 incom e | Monthly earnings (before deductions) Job #1 | Monthly welfare, child support, alimony | Monthly payments from pensions, retirement, social security | Monthly |
| | | \$ | \$ | \$ | \$ |
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| Signature and social security nu ase number is current and correct or | that all inco | ome is reported. I c chool officials may v | inderstand that this verify the information | information is bein <u>ន</u> រ. | g given in order fo |
| chool to receive additional state fundin | | | | y Humber <u>2004</u> | |
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| thool to receive additional state funding ignature of adult | Wor | k phone | Dat | | |

Signature of adult______ Date ___

| 2021-2022 Letter to Households to Qualify | | | | | |
|---|--|--|--|--|--|
| School District/Charter School for Compensatory Education Funding for School Year 2021-2022 | | | | | |
| Dear Parent or Guardian: | | | | | |
| The School District/Charter School may qualify for additional funding from the state if any of our students meet certain guidelines. The additional funding, known as the Compensatory Education Allotment, is used to provide supplemental services to students who are identified as at risk of dropping out of school. The purpose is to increase the academic achievement and reduce the dropout rate of these students. Please help us collect the necessary information so that we may receive additional state dollars for the benefit of our students. | | | | | |
| The district is automatically eligible for this funding if you receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). Otherwise, the district may qualify for this funding depending upon your income and family size. Please complete the attached <i>Form for Compensatory Education Funding Qualification</i> and return it to: | | | | | |
| (Name and Address of Appropriate District/School Official). | | | | | |
| Please complete a separate form for each child. Attached are more detailed instructions to help you fill out the form. | | | | | |
| Households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF): Complete the child's name and case number and have an adult household member sign the form. If you have more than one child attending school, complete a separate form for each child. | | | | | |
| Households with one or more foster child. List the child's name and the amount of "personal use" income the child received last month and have an adult household member sign the form. If you have more than one foster child attending school, complete a separate form for each one. | | | | | |
| Households that do not receive SNAP or TANF: If you do not have a case number, you should list the names of all household members, the amount of income each person received last month, and where the income came from. An adult household member must sign the form and include his or her social security number or indicate that he or she has no social security number. If you have more than one child attending school, you should complete a separate form for each one, but you only have to complete this section once. | | | | | |
| Frequently Asked Questions: | | | | | |
| Will the form be verified? Yes. State officials require us to verify the information that qualifies the district for the extra funding, therefore, the information that you send us may be checked at any time during the school year. School officials may ask you to send written documentation to verify that your income meets the eligibility guidelines. | | | | | |
| Should I report any changes? Yes. If your income meets eligibility guidelines, please tell us if your income increases by more than \$50 per month or \$600 per year, or if the size of your household decreases. If your household receives food stamps or TANF, you should tell us when you no longer receive these benefits. | | | | | |
| Will this information be kept confidential? Yes. We will use the information on your form only to see if your child or children meet the eligibility guidelines that will enable the district to receive the extra funding. The information will not be used for any other purpose. | | | | | |
| Will my child receive extra services if I complete this form? Not necessarily. Funding for this program is based on the number of students with certain qualifying levels of family income, but the allocated funds must be spent for students that meet different eligibility criteria. If your child has performed poorly on STAAR or other required tests or meets other criteria for being at-risk of dropping out of school, then your child will likely receive additional services. If your child does not directly benefit other children in the district may benefit from this additional funding. | | | | | |
| If my family income does not qualify the district for extra funding now, can I apply later if my circumstances change? Yes. You may submit the required forms at any time. If your income does not meet eligibility guidelines now but circumstances change (like household income decreases, household size increases, a wage earner become unemployed, the household receives SNAP or TANF), complete the form again. If you need new forms or any other help or information, call | | | | | |

_____(Name and Phone Number of Local Contact).

| FOR OFFICIAL USE ONLY: | SNAP or TANF Eligible [] | | | | | | |
|--|---------------------------|---------------------|--|--|--|--|--|
| Total Monthly Income \$ | Household Size | Income Eligible [] | | | | | |
| Determining Official | Signature | | | | | | |
| Date | | | | | | | |
| Retain in District – Do <u>Not</u> Send to TEA | | | | | | | |