Enclosure #2

Determination of Eligibility for Title I, Part A and Section 31a, At-Risk Funding

Part 1 – Foster Child ☐ **YES** **Child's spending money per month $ _____ If none available, list $0.

Use a SEPARATE application for each FOSTER CHILD

Part 2 – Homeless ☐ **Migrant** ☐ **Runaway** ☐

If the child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the:
District/School Homeless Liaison or Migrant Coordinator at _____

Part 3 – The names of all children in the household in school *or* the name of ONE Foster Child in school

New Student	Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR?
☐ YES				☐ NO ☐ YES _____
☐ YES				☐ NO ☐ YES _____
☐ YES				☐ NO ☐ YES _____
☐ YES				☐ NO ☐ YES _____
☐ YES				☐ NO ☐ YES _____
☐ YES				☐ NO ☐ YES _____

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4 – Total Household Gross Income-You must tell us how much and CIRCLE how often it is received.

	Earnings from work (Before taxes)			Welfare, child support, alimony			Pensions, retirement, Social Security			All other income			Circle if NO Income
Example Jane Doe	$100	(Weekly)	Twice a Month / Every 2 weeks / Monthly	$500	Weekly / Every 2 weeks	Twice a Month / (Monthly)		Weekly / Every 2 weeks	Twice a Month / Monthly		Weekly / Every 2 weeks	Twice a Month / Monthly	NO
		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly	NO
		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly	NO
		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly	NO
		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly		Weekly	Twice a Month / Every 2 weeks / Monthly	NO

Part 5 – Signature and Social Security Number (Adult household member must sign.)

If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the Instruction page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Sign Here: X_____ Print Name: _____ Date: _____

Adult Social Security Number (Last 4 digits only): XXX-XX-_____ ☐ **I do not have a Social Security Number**

Part 6 – Foster Children: In most cases foster children are eligible for free meals regardless of your household income.
Foster home License Number: _____ (optional)

_____ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

_____ B. The child is a resident of a licensed "Group Foster" home or a residential institution.

**Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.

Do not fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Household Size:____ Total Gross Income: $_____ Week___, Every 2 Weeks___, Twice a Month___, Month___, Annual___

Foster Child:___ Categorical Eligibility:___ Eligibility: Free___ Reduced___ Denied___

Temporary Free___ Time Period:_____ (expires after____days)

Reason for Denial: ____ Income too High ____ Incomplete Application ____ Other (specify) _____

Determining Official's Signature: _____ Date:_____ Date Withdrawn:_____