

2024-2025 Letter to Households to Qualify _____
School District/Charter School for Compensatory Education Funding for School Year 2024-2025

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 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 **Form for Compensatory Education Funding Qualification** 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 children. 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 becomes unemployed, the household receives SNAP or TANF), complete the form again. If you need new forms or any other help or information, contact _____

(Name and Phone Number of Local Contact).

Why does the consent in paragraph 6 refer to free or reduced-price meals or free milk when my school does not participate in that program? State compensatory education funds are partially allotted on the basis of the number of students in a school district or charter school who are eligible for the national free or reduced-price lunch program in which some schools participate. Therefore, for your school to receive the amount of state compensatory education funds to which it is entitled, you are being asked to provide the same information that would be provided in an application to participate in that program. The consent paragraph is included on the form because federal law does not allow the disclosure of information about children eligible for free or reduced-price meals or free milk without consent and further requires that the consent include a statement that the failure to sign does not make the child ineligible for the meal/milk program.

Thank you for your help.

Sincerely,

(Name and Address of Appropriate District/School Official)

Confidential Information

_____ School District/Charter School
Form for Compensatory Education Funding Qualification
School Year 2024–2025

Please fill out one form for each child attending school, sign each form, and return it to _____. Instructions for filling out the form are attached. If you need help, please call _____.

1. Child's name: _____
(Last Name) (First Name) (Middle Initial)
 Child's grade: _____ School: _____ SSN or student ID: _____
(Optional)

2. Is the child a foster child? If this is a foster child, check here [] and list the child's monthly personal use income: \$ _____.
 SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving SNAP or TANF benefits for your child? If you are receiving SNAP or TANF benefits for this child, check here , list the case number, and then SKIP section #4 and GO TO section #5.
 SNAP case number: _____ TANF case number: _____

4. All other households. Complete this section if the child is not a foster child and you are not receiving SNAP or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. Then, GO TO section #5.

NAMES	CURRENT MONTHLY INCOME					
	Name of household members (Include the child listed above)	Check if \$0 income	Monthly earnings (before deductions) Job #1	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, social security	Monthly earnings from job #2 or any other monthly income
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
6.			\$	\$	\$	\$
7.			\$	\$	\$	\$
8.			\$	\$	\$	\$
9.			\$	\$	\$	\$
10.			\$	\$	\$	\$

5. Signature and social security number. I certify that all the above information is true and correct and that the **SNAP** or **TANF** case number is current and correct or that all income is reported. I understand that this information is being given for the school to receive additional state funding and that school officials may verify the information.

Signature of adult _____ Social security number **xxx - xx-** _____
 Printed name _____ Date _____
 Home phone _____ Work phone _____
 Mailing address _____ City _____ State **TX** ZIP _____

6. Consent for release of information to Texas Education Agency for program audit purposes.

I consent to the release of the above information by the _____ school district/charter school to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced-price meals or free milk.

Signature of adult _____ Date _____

FOR OFFICIAL USE ONLY: SNAP or TANF Eligible

Total Monthly Income \$ _____ Household Size _____ Income Eligible []

Determining Official _____ Signature _____

Date _____

Retain in District - Do Not Send to TEA

Instructions for Completing the Compensatory Education Funding Qualification Form

Please complete 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 child's name, grade, and the name of the school.

2. Foster child. Complete this section if this is a foster child. List the foster child's monthly "personal use" income. Put "0" if the foster child does not receive "personal use" income. A foster parent or other official representing the child must sign the form in section #5. You are not required to list a social security number.

3. Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits. If you are receiving SNAP or TANF benefits for the child, complete this section of the form. List the current SNAP or TANF case number for the child. An adult household member must sign the form in section #5. You are not required to list a social security number.

4. All other households. Complete this section of the form if the child is not a foster child and you are not receiving SNAP or TANF benefits for the child. (If you have more than one child attending public school and you are filling out a separate form for each one, you only need to complete this section once.)

List the name of everyone in your household even if they do not have an income. Include yourself, your spouse, the child, and all other household members.

List the amount of income each person received last month before taxes or any other payroll deductions. List the income source, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.

If anyone is self-employed, write the amount of income the person earns from self-employment. For example, self-employment income could be from operating a farm or a business such as a day care center.

Sign the form in section #5 and list your social security number. If you do not have a social security number, write "none."

5. Signature and social security number. The form must have the signature of an adult household member. Unless you have a SNAP or TANF case number or the child is a foster child, the last four digits of the social security number of the adult who signs the form must be included. If the person who signs the form does not have a social security number, put "none."

6. Consent. The adult household member whose signature appears in section 5 should sign and date the consent.

Examples of Income to Report

Earnings from work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned Social Security business such as day care center, farm, or other

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments

Other Monthly Income/Self-Employment

Disability benefits
Cash withdrawn from savings
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

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments