2026-2027 Letter to Households to Qualify _____

School District/Charter School for Compensatory Education Funding for School Year 2026-2027

Dear Parent or Guardian:

The _____ School District/Charter School may qualify for additional funding from the state if any of our students meet specific guidelines. The extra 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 on 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. Here are more detailed instructions to assist you in completing 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, please provide the names of all household members, the amount of income each person received last month, and the source of that income. An adult household member must sign the form and include their Social Security number or indicate that they do not have one. If you have more than one child attending school, complete a separate form for each child; you only need 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 you send us may be checked at any time during the school year. School officials may request that you 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 inform us if it increases by more than $50 per month or $600 per year, or if your household size decreases. If your household receives food stamps (SNAP benefits) or TANF, you should notify us when you no longer receive these benefits.

Will this information be kept confidential? Yes. We will use the information on your form solely to determine if your child or children meet the eligibility guidelines that allow the district to receive extra funding. This 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; however, the allocated funds must be spent on students who meet different eligibility criteria. If your child has performed poorly on the STAAR or other required tests or meets other criteria indicating they are at risk of dropping out of school, they will likely receive additional support services. Even if your child does not directly benefit, this funding may still help other children in the district.

If my family income does not qualify the district for extra funding now, can I apply later if my circumstances change? You may submit the required forms at any time. If your current income does not meet the eligibility guidelines but your circumstances change (such as a decrease in household income, an increase in household size, unemployment of a wage earner, or receipt of SNAP or TANF benefits), 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 allocated based on the number of students in a school district or charter school who qualify 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 in the form because federal law prohibits the disclosure of information about children who are eligible for free or reduced-price meals or free milk without their consent. Additionally, the law requires that the consent statement clarify that not signing the form does not affect the child's eligibility for the meal or 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 2026–2027

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 <u>not</u> a foster child and you are <u>not</u> 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, and 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 the information provided above is accurate and that the SNAP or TANF case number is current and correct, or that all income has been reported. I understand that this information is being submitted to help the school receive additional state funding and that school officials may verify its accuracy.*

Signature of adult_____ Social security number **<u>xxx</u> – <u>xx</u>-<u>___</u>** ___ ___ ___

Printed name_____ Date _____

Home phone _____ Work phone_____

Mailing address_____ City _____ State **<u>TX</u>** ZIP_____

6. Consent for release of information to the 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 to audit 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 <u>Not</u> 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 who attends public school.

1. Child information. Print your child's name, grade, and the name of the school.

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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.

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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.

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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 names of everyone in your household, even if they do not have an income. Include yourself, your spouse, your 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 sources, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered into 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, specify the amount of income earned from self-employment. Examples of self-employment income include earnings from operating a farm or running a business such as a daycare center.

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

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5. Signature and Social Security number. The form must be signed by an adult member of the household. If you do not have a SNAP or TANF case number, or if the child is not a foster child, include the last four digits of the social security number of the adult who signs the form. If the signer does not have a Social Security number, please write "none."

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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
- Workers' 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

Pensions/Retirement/Social Security
- Pensions
- Supplemental social security income
- Retirement income
- Veterans' 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