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ADAIR COUNTY SCHOOLS

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is available to schools with a high percentage of economically disadvantaged students. Under CEP all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. Use one Household and Income Form for all students in your household. We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to your child's school.
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT SCHOOL. WHY SHOULD I COMPLETE THIS FORM AS WELL? Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine your child(ren)'s eligibility for additional programs. Regardless, your child(ren) will still receive meals at no charge at school.
3. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a prorated share of expenses), do not include them.
4. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call Stephen Turner at 270-384-2476.

Sincerely,

A handwritten signature in cursive script that reads "Stephen Turner". The signature is written in dark ink and is positioned below the word "Sincerely,".

Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

IF ANYONE IN YOUR HOUSEHOLD RECEIVES BENEFITS FROM **KTAP** OR **SNAP** BENEFITS, PLEASE FOLLOW THESE INSTRUCTIONS.

Part 2: List the case number for one household member (adult or child) who receives **KTAP** or **SNAP** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

If your child is **homeless, a migrant or a runaway**, follow these instructions.

Part 2: Skip this part.

Part 3: Check the appropriate category and call the FRAM coordinator.

Part 4: Skip this part.

Part 5: Sign the form.

If you have **foster child(ren) only**, follow these instructions. You do not need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If **all** children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with **both** foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do **not** include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

EDUCATIONAL BENEFITS FORM 2019-2020

The Adair County School District is participating in the Community Eligibility Provision (CEP) provision under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return a single application per household to school.

PART 1. ALL HOUSEHOLD MEMBERS

| Names of <u>all</u> people living in your household (First, Middle Initial, Last) | School the child attends, or indicate "NA" if household member is not in school | Grade Level | Check if a foster child (legal responsibility of welfare agency or court) If <u>all</u> children listed below are foster children, skip to Part 5 to sign this form. |
|--|---|-------------|---|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

PART 2. BENEFITS

If any member of your household receives SNAP or KTAP, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 3.

NAME: _____
CASE NUMBER: _____

PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call STEVE TURNER, FRAM COORDINATOR AT 270-384-2476 EXT. 2016.

HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information. If you enter "0" or leave any field blank, you are certifying that there is no income to report.

| 1. NAME (List only household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | | | | | | | | | | | | |
|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Earnings from work before deductions. | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Public Assistance, child support, alimony | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Pensions, retirement, Social Security, SSI, VA benefits, All Other Income | Weekly | Every 2 Weeks | Twice Monthly | Monthly |
| (Example) Jane Smith | \$200 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$150 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 5. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and 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, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Cell Phone Number: _____

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
Total Income: _____ Per: Week Every 2 Weeks Twice A Month Monthly Year Household size: _____
Categorical Eligibility: _____ Date Withdrawn: _____ SES Code: Free _____ Reduced _____ Paid _____
Reason: _____
FRAM Coordinator: _____ Date: _____

Non-Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656.8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact the U.S. DOE through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice: The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Option school will receive a meal at no charge.

CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the application?



Kentucky Migrant Education Program

Parent Employment Survey



Versión en español en el otro lado de la hoja

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential. The Western Kentucky Regional Migrant Education Program is a Title I, Part C program of the Kentucky Department of Education.

Child's Name: _____

Birthdate: _____ Grade: _____ School: _____

1. In the past three years, has your family lived in another Kentucky school district, another state, and/or another country?

Yes _____ (continue to #2) No _____ (stop here)

2. In the past three years, has anyone in your household had a job working with any of these products on a farm, in a field, in a greenhouse, in a nursery, or in a factory? Please circle all that apply.



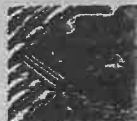
Livestock (cattle, pigs, sheep, dairy, etc).



Eggs



Chickens



Crops (wheat, corn, soybeans, etc.)



Vegetables



Processing (meat, fruit, vegetables, trees, etc.)



Tobacco



Fruits



Hay



Nursery, Sod, Greenhouse



Trees, Timber, Plants, Flowers



Soil Preparation

If you circled one or more, continue to #3. None of these _____ (stop here)

3. Parents' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Please list all children in the household less than 22 years of age:

| Name | Date of Birth | Grade | School |
|------|---------------|-------|--------|
| | | | |
| | | | |
| | | | |
| | | | |



El Programa Educativo para Migrantes de Kentucky

Encuesta de Padres



English version on other side

Se usa la información abajo para identificar a estudiantes que puedan calificar a recibir servicios adicionales de educación. Es posible que un empleado del programa le contacte a usted para más información. Toda la información es confidencial. El Programa Educativo para Migrantes de la Región Oeste de Kentucky es un programa de Título I, Parte C del Departamento de Educación de Kentucky.

Nombre del niño: _____

Fecha de nacimiento: _____ Nivel: _____ Escuela: _____

1. ¿En los tres años pasados, ha vivido su familia en otro distrito escolar en Kentucky, en otro estado, o en otro país?

Sí _____ (siga al #2)

No _____ (pare aquí)

2. ¿En los tres años pasados, ha trabajado alguien en su familia en cualquiera de los trabajos abajo, en una granja, en el campo, en un invernadero, en un vivero, o en una fábrica? Por favor ponga círculos alrededor de todos que se aplican:



Ganados, ovejas, cerdos, vaquería



Huevos



Gallinas



Trigo, maíz, frijoles



Verduras



Procesando (pollo, carne, carne de cerdo, frutas, verduras, arboles, etc.)



Tabaco



Frutas



Pasto seco



Semillero, césped, invernadero



Árboles, madera, plantas, flores



Preparación de suelo

Si tiene uno o más círculos, siga al #3. Ninguno de estos _____ (pare aquí)

3. Nombre de los padres: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código postal: _____ Teléfono: _____

Por favor liste a todos los niños menos de 22 años en la casa:

| Nombre | Fecha de nacimiento | Nive l | Escuela |
|--------|---------------------|-----------|---------|
| | | | |
| | | | |
| | | | |
| | | | |