

How to Apply for State At-Risk Funds

If your household gets **FOOD ASSISTANCE/FOOD STAMPS, TAF or FDPIR**, follow these instructions:

Part 1:

- Enter each student's first and last name.
- Enter each student's school and grade.
- Enter a Food Assistance/Food Stamp, TAF or FDPIR case number for each student.

Part 2: Sign and date the form. A Social Security number is not necessary.

If you are applying for a **FOSTER CHILD**, follow these instructions:

Part 1: Use a separate application for each foster child.

- Check the box on line 1.
- Enter the student's first and last name.
- Enter the student's school and grade.
- Check the box if the student has zero personal use income.
- If the student has personal use income, enter the amount and circle the Frequency code that shows how often the income is received.

Part 2: Sign and date the form. A Social Security number is not necessary.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Report the names and GROSS income for all household members from last month. Gross income is the amount earned BEFORE taxes and any other deductions. This is NOT the same as take-home pay. The gross amount should be listed on the pay stub.

- **Students:**
 - Enter the student's first and last name
 - Enter the student's school and grade.
 - Check the box if the student has zero income.
 - If the student has income, record the amount in the column that best describes the source of the income (i.e. Earnings from Work or Other Regular Income) and circle the Frequency code that shows how often the income is received.
- **All Other Household Members:**
 - List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). Include yourself and all children living with you who are not already listed as students. Attach another sheet of paper if more space is needed.
 - Check the box if the person has **zero income**.
 - List the **gross income** the person earned from work and circle the Frequency code that shows how often the income is received.
 - List the amount the person got last month from other income including welfare, child support, alimony, retirement pensions, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Circle the Frequency code that shows how often the income is received.
 - If the household has **income from self-employment** (such as from a self-owned business, farm or rental income), report net income in the Earnings from Work columns. See the back side of the application form for instructions on reporting self-employment income.
 - If the household is in the **Military Housing Privatization Initiative** do NOT include this housing allowance.
 - Check the box if this person is temporarily not working due to strike, lay-off, injury or short-term disability.

Part 2: An adult household member must sign the form and list his or her Social Security number or write "NONE" if he or she does not have one.

2009-2010 Application for At-Risk State Funds

Important! Important! Carefully follow instructions. An incomplete application cannot be approved. Complete one application per foster child OR household. Return completed application to school.

1. HOUSEHOLD MEMBERS						GROSS INCOME BEFORE ANY DEDUCTIONS							
Check if Foster Child	List Names of ALL Household Members		Complete these columns ONLY for students enrolled in this district.			Check if ZERO Income	Frequency: Circle ONE next to each income amount: W=Weekly, E2=Every 2 Weeks, 2M=Twice a Month, M=Monthly, Y=Yearly						
	First Name	Last Name	School Name	Grade	Food Assistance, TAF or FDPIR Case Number		Earnings from Work			Other Regular Income			Check if TEMPORARILY not working due to strike, lay-off, injury or short-term disability.
							Amount	Circle Frequency	Amount	Circle Frequency			
1. <input type="checkbox"/>						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
2.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
3.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
4.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
5.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
6.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
7.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
8.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
9.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		
10.						<input type="checkbox"/>	\$	W E2 2M M Y	\$	W E2 2M M Y	<input type="checkbox"/>		

2. ADULT HOUSEHOLD MEMBER INFORMATION – Refer to the Privacy Act Statement on the reverse side of this application.

Print Name _____ Daytime Phone _____ Evening Phone _____

Address, City, State, Zip _____ Email _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive State funds based on the information I give; school officials may verify the information; and if I purposely give false information, I may be prosecuted under applicable State criminal statutes.

Sign Here X _____ Social Security Number (SSN) _____ OR write NONE if you have no SSN Date _____

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW.

Application Type (check one)
 Total Household Income: \$ _____ Household Size: _____
 Household's Income Frequency – Circle ONE: W E2 2M M Y Multiple=Yearly
 Food Assistance/Food Stamps or TAF or FDPIR
 Foster Child – Annual personal use income: \$ _____

Application Status
 Approved.....
 Temporarily Approved... Expires On: _____
 Denied..... Income over allowed amount Incomplete/missing:
 Notes: _____

Determining Official's Signature: _____ Approval/Denial Date: _____ Notification Date: _____

Processor's Initials: _____ Confirming Official's Signature (ONLY for applications to be verified): _____ Review Date: _____

Your children may qualify for At-Risk State funds if your household income falls within the limits on this chart.

2009-2010 Income Eligibility Guidelines					
Household size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional person:	6,919	577	289	267	134

Income from Self Employment: Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income. Additional income from other kinds of employment must be treated as separate and apart from the income generated or lost from your business venture. For example, if you operated a business at a net loss, but held additional employment for which a salary was received, the income for purposes of applying for State At-Risk funds would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income). The necessary information for arriving at allowable income from private business operation may be taken from your most recent U.S. Individual Income Tax Return - Form 1040. Add together the amounts reported on the following lines:

LINE 12 \$ _____ Business Income or (Loss)
 LINE 13 \$ _____ Capital Gain or (Loss)
 LINE 14 \$ _____ Other Gains or (Losses)
 LINE 17 \$ _____ Rental real estate, royalties, partnerships, S corporations, trusts, etc.
 LINE 18 \$ _____ Farm Income or (Loss)
 TOTAL \$ _____ **Report yearly income in Part 1, Gross Income Before Any Deductions.**