

How to Apply for State At-Risk Funds

If your household gets Food Assistance, TAF or FDPIR, follow these instructions:

Part A: Enter the following information:

- Each household member's first and last name.
- Each student's school and grade.

Part B: List the case number for any household member (including adults) receiving Food Assistance, TAF or FDPIR benefits. A Medicaid number cannot be accepted.

Part C: Skip this part.

Part D: Sign and date the form. The last four digits of a Social Security number are **not** necessary.

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

If all children in the household are foster children:

Part A: List all foster children and the school name and grade for each child. Check the box indicating the child is a foster child.

Part B: Skip this part.

Part C: Skip this part.

Part D: Sign and date the form. The last four digits of a Social Security number are **not** necessary.

If some of the children in the household are foster children:

Part A: List **all** household members including foster child(ren).

- Check the box if the child is a foster child.
- Follow procedures below for All Other Households.

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

Part A: List **all** household members living in your household, related or not (such as grandparents, other relatives, or friends) and the name of each student's school and grade. For any person, including children, with no income, you must check the "Zero Income" box. Attach another sheet of paper if more space is needed.

Part B: If the household does not have a case number, skip this part.

Part C: **Report the 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.

- List the **gross income** each household member 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** or gets combat pay, do NOT include these allowances as income.
- Check the box if this person is temporarily not working due to strike, lay-off, injury or short-term disability.

Part D: An adult household member must sign and date the form and list the last four digits of their Social Security number or check the box if s/he does not have one.

2017-2018 Application for State At-Risk Funds

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

A. HOUSEHOLD MEMBERS						C. TOTAL HOUSEHOLD GROSS INCOME BEFORE ANY DEDUCTIONS							
List Names of ALL Household Members		Complete these columns ONLY for Students Enrolled in this District.		Check if a Foster Child. Skip to Part D to sign this form if ALL are Foster Children.	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 (or "NA" if child is not in school)	Grade			Earnings from Work				Other Regular Income			
						Amount	Select Frequency			Amount	Select Frequency		
1.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		
2.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		
3.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		
4.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		
5.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		
6.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		
7.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		
8.				<input type="checkbox"/>	<input type="checkbox"/>		W E2 2M M Y				W E2 2M M Y		

B. BENEFITS - If any member of your household receives Food Assistance, TAF or FDPIR, provide the name and case number for the person who receives benefits and skip to Part D. If no one receives these benefits, go to Part C.

Name: _____ Case Number: _____

D. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER - An adult household member must sign the application. IF PART C IS COMPLETED, the adult signing the form also must list the last four digits of his or her Social Security Number (SSN) or mark the "I do not have a SSN" box.

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 Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child (ren) may lose meal benefits and I may be prosecuted under applicable Federal and State criminal statutes.

Sign Here X _____ Date: _____ Last four digits of SSN: ***-**-_____ OR I do not have a SSN

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 or TAF or FDPIR

Foster Child

Application Status

Approved..... Free OR Reduced Price

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 reduced price or free meals if your household income falls within the limits on this chart.

Federal Income Eligibility Guidelines					
Household size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Each additional person:	7,511	626	313	289	145

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 reduced price or free meals 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.**

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson Street, Suite 102, Topeka, KS 66612, (785) 296-3201.