

Form for Compensatory Education Funding Qualification 2025-26

1. **Student Name:**

Student ID:

2. **Child's Grade:**

Child's School:

3. **Is the child a foster child?** If this is a foster child, check here N and list the child's monthly personal use income:

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

Food Stamp 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 food stamps or TANF benefits for the child (you did not complete sections #2 or #3).

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

Names	Current Monthly Income				
Name of all household members (include the child listed above)	Check if \$0 Income	Monthly earnings (before deductions)	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, social security	Monthly earnings from Job#2 or any other monthly income
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0
	N	0	0	0	0

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

School District will complete this section				
For Office Use Only: Food Stamp or TANF Eligible Yes or No (Circle One)				
Total Monthly Income \$ _____		Household Size _____		
Income Eligible Yes or No (Circle One)				
Determining Official _____		Signature: _____		Date: _____
FOR OFFICE USE-CODE: Check One EC Code 99 EC Code 01 EC Code 02 EC Code 00				
Data Entry Completed: _____		Date: _____		