

# Charter School

## Eligibility for Supplemental Title I Service Form

Your child's school will be providing tutorial services in reading and math for SY2011-2012. Students who meet the income schedule below and attend a Title I school may be eligible to receive services. Please fill out this form and return it to your charter school.

### Household Income

1. Gross income is required to calculate Household Income. It is the amount earned before taxes and other deductions.
2. Gross income includes each person living in your household, related or not (such as grandparents, other relatives, and friends). If there are two parents, two grandparents, two relatives, three children, and one friend, add each income source into the gross income. Remember to count each member on the schedule. In this example, the total family size would be 10.
3. Regarding the Military Housing Privatization Initiative, do not include the housing allowance in allowance in the household income.

**After determining your total family size, look for the income line that matches your household members. Find the income amount that matches your pay frequency. If that income on the line of the schedules is equal to or less than your combined household income, CIRCLE on the schedule:**

- 1) your family size number; and,
- 2) your income range amount on your family size line.

If your household income does not qualify (too high) check here \_\_\_\_.

Family Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,199 or less	1,934 or less	967 or less	893 or less	447 or less
2	31,321 or less	2,611 or less	1,306 or less	1,205 or less	603 or less
3	39,442 or less	3,287 or less	1,644 or less	1,517 or less	759 or less
4	47,564 or less	3,964 or less	1,982 or less	1,830 or less	915 or less
5	55,685 or less	4,641 or less	2,321 or less	2,142 or less	1,071 or less
6	63,807 or less	5,318 or less	2,659 or less	2,455 or less	1,228 or less
7	71,928 or less	5,994 or less	2,997 or less	2,767 or less	1,384 or less
8	80,050 or less	6,671 or less	3,336 or less	3,079 or less	1,540 or less
9	88,172 or less	7,348 or less	3,675 or less	3,392 or less	1,697 or less
10	96,294 or less	8,025 or less	4,014 or less	3,705 or less	1,854 or less
11	104,416 or less	8,702 or less	4,353 or less	4,018 or less	2,011 or less
12	112,538 or less	9,379 or less	4,692 or less	4,331 or less	2,168 or less
13	120,660 or less	10,056 or less	5,031 or less	4,644 or less	2,325 or less
14	128,782 or less	10,733 or less	5,370 or less	4,957 or less	2,482 or less
For each additional household member above 14, add: >>>>>	8,122	677	339	313	157

Please fill out those sections that apply to you on page two. Sign and print your name. List address and phone.

## List household students attending Charter Schools & Department Schools

Student Names: Last, First, Mid. Initial	Date of Birth	Grade	School	SNAP or TANF #
1				
2				
3				
4				
5				
6				

**Any Other Household Member Receiving SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families)**

Name: \_\_\_\_\_ SNAP/TANF # \_\_\_\_\_  
 Name: \_\_\_\_\_ SNAP/TANF # \_\_\_\_\_  
 Name: \_\_\_\_\_ SNAP/TANF # \_\_\_\_\_  
 Name: \_\_\_\_\_ SNAP/TANF # \_\_\_\_\_

### Foster Child

1. A foster child is the legal responsibility of a welfare agency or court.
2. Write the child's personal use income in the space provided. If there is no personal use income, write \$0.

Foster Child's Name: Last, First, Mid. Initial	Date of Birth	Grade	School	Personal Use Income

**Privacy Act Statement:**

*The Hawaii Department of Education (HDOE) may receive federal funds for charter schools based on the information I provide. I understand that HDOE officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose Title I services.*

*I give permission to the private school, of my child's (ren's) attendance, to submit to the Hawaii Department of Education the information provided in this application to determine my child's (ren's) Title I eligibility.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*A physical residence address is needed to determine Title I eligibility. Do not use a PO Box.*

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

*This form will be handled in strict confidence.*