

**Garland Independent School District
Pre-Kindergarten Income Eligibility
Elegibilidad según los ingresos para la inscripción preescolar**

1. Child's Name _____
Nombre del niño(a) Last (Apellido) First (1er nombre) Middle (2.º nombre)

2. Do you receive SNAP or TANF? (¿Recibe beneficios de cupones de alimentos SNAP o TANF?)
 Yes. Please attach your SNAP, TANF, or Medicaid eligibility letter. EDG#: _____
Si. Por favor escriba su número de CASO para cupones de alimentos. If yes, go to part 4 and complete the information. Si. Por favor brinque a la parte 4 y termine de llenar la información
 No. If no, go to part 3 and complete the information.
Nó. Por favor brinque a la parte 3 de esta planilla y termine de llenar la información

3. List EVERYONE below who lives in your house including the child listed above. You must tell us how much and how often income is received.
Escriba debajo a TODOS los que viven en su casa, inclusive el niño mencionado arriba. Anote el total de ingresos y con qué frecuencia los recibe cada persona.

Household Members Name <small>(Miembros en su hogar)</small>	Age <small>(Edad)</small>	* Earnings from work before deductions <small>(Ingreso del Trabajo antes de cualquier deducción)</small>	* Child Support Welfare Payments Alimony <small>(Manutención de menores Ingresos por asistencia social Pensión alimenticia)</small>	* Pensions, retirement, Social Security, SSI, VA Benefits <small>(Ingreso por jubilación, retiro, seguro social, SSI, VA Benefits)</small>	* Any other money that comes into your household <small>(Cualquier otro ingreso que recibe en su casa)</small>	Total Income <small>Add all lines together (Total de ingresos - Añadir todas las casillas por línea)</small>
<small>(Example) (Ejemplo) Jane Smith</small>		<u>\$200/weekly (semanal)</u>	<u>\$150/twice a month (dos veces al mes)</u>	<u>\$100/monthly (mensual)</u>	<u>\$ 0 / _____</u>	<u>\$ 1200 /monthly(mensual)</u>
		<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>
		<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>
		<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>
		<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>	<u>\$ _____ / _____</u>
<small>* Please see the List of Acceptable Types of Written Documentation for Proof of Income on the reverse of this form (Por favor, vea la lista de documentación aceptable para comprobante de ingresos en el reverso de este formulario)</small>						Total Household Income <small>(Total de ingresos de todos los miembros en su hogar)</small> <u>\$ _____ / _____</u>

4. Signature (Firma)
 I certify that all information on this form is true and that all income is reported. (Certifico que toda la información en este formulario es verdadera y que he reportado todos los ingresos.)

 Signature of adult household member (Firma de un adulto que vive en el hogar) Printed Name (Nombre en letra de molde)

 Address (Domicilio) Home Phone (Teléfono de la casa) Work Phone (Teléfono del trabajo)

 City/State/Zip (Ciudad/Estado/Código Postal)

Non-Discrimination Statement: In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Declaración de No Discriminación: Conforme a las leyes federales y el Departamento de Agricultura de los EE.UU., a esta institución se le prohíbe discriminar sobre las bases de raza, color, procedencia nacional, sexo, edad o discapacidad.)

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This approval form will qualify a child for PK based on the family's SNAP/TANF eligibility or by income.

_____ # in Household (N.º de personas en la casa) Family receives SNAP/TANF/Medicaid benefits

_____ Total Income (Total de ingresos) Income Verified (Ingreso verificado) Attach Required Income Documentation

Approved for PK (Aprobado) Denied for PK (Rechazado) Reason Denied: Income over limit (Exceso de ingresos) Other (Otra razón)

Verification completed by _____ Date _____
(Verificado por) (Fecha)

Campus: File this approval form along with the Pre-K Application in student's cumulative folder with documentation attached.
 SP-2023 Front (Revised 9/2018)

**Acceptable Types of Written Evidence for Proof of Income
for Pre-K Eligibility**

Please Note:

- Documentation of income submitted by the household must provide:
 - Name; Date; and Amount of income stated.
- Households must provide income information **for a period of one month.**
 - If one weekly pay stub is representative of what the household receives each week, one pay stub is sufficient to calculate a full month's income.
 - If one weekly pay stub is not representative of what the household receives each week, pay stubs for an entire month must be submitted.
- **Earnings—Wages and Salary:** total or gross earnings before the withholding for the Federal Insurance Contributions Act (FICA), taxes or other deductions, such as insurance.
 - Current paycheck stub.
 - Current pay envelope.
 - Letter from employer stating gross wages paid and how often they are paid.
- **Earnings of Self-Employed Business Person or Farmer:**
 - Business or farming documents, such as ledger books and/or self-issued paycheck stub.
 - Last year's tax return.
- **Cash Income:**
 - A letter from the employer stating wages paid and frequency.
- **Child Support or Alimony:** Only actual payments and not the amount that is supposed to be received should be reported.
 - Copies of checks or other proof of payments received (including bank statement);
 - Court decree; or
 - Agreement.
Note: Any monies paid out for alimony or child support may not be deducted from a household's reported gross income.
- **Retirement/Pension:**
 - Official statement of benefits received.
 - Pension award notice.
- **R. R. Benefit or Railroad Retirement**
 - Official statement of benefits received.
 - Railroad retirement award letter.
- **SNAP/TANF/Medicaid:** A household that does not have satisfactory SNAP/TANF documentation may request a signed, dated letter from the SNAP/TANF office certifying that the child is part of a household currently receiving benefits.
Abbreviations:
SNAP – Supplemental Nutrition Assistance Program (Food Stamps)
TANF – Temporary Assistance for Needy Families
EDG# - Eligibility Determination Group Number
- **Social Security Retirement:**
 - Social Security retirement benefit letter.
 - Official statement of benefits received.
 - Monthly check.
- **Supplemental Security Income (SSI):**
 - SSI eligibility letter.
 - SSI check.
 - Official statement of benefits received.
 - Bank statement indicating deposit into account.
- **Unemployment Compensation/Disability or Workers' Compensation:**
 - Notice of eligibility from state employment office.
 - Copy of the disability award letter/unemployment compensation award letter.
 - Check stub.
 - Agency records.