Why does the consent in paragraph 6 refer to free or reduced-price meals or free milk when my school does not participate in that program? State compensatory education funds are partially allotted on the basis of the number of students in a school district or charter school who are eligible for the national free or reduced-price lunch program in which some schools participate. Therefore, for your school to receive the amount of state compensatory education funds to which it is entitled, you are being asked to provide the same information that would be provided in an application to participate in that program. The consent paragraph is included on the form because federal law does not allow the disclosure of information about children eligible for free or reduced-price meals or free milk without consent and further requires that the consent include a statement that the failure to sign does not make the child ineligible for the meal/milk program.

| Thank you for your help. | |
|--------------------------|--|
| Sincerely | |
| | |

Confidential Information

| | Form for Cor | School Dist mpensatory Education Funding C School Year 2024–2025 | rict/Charter School Qualification | |
|------------------|---|--|--------------------------------------|-------------------|
| | · · | chool, sign each form, and return it t help, please call | | |
| 1. Child's name: | | | | |
| | (Last Name) | (First Name) | (Middle Initial) | |
| Child's grade: | School: | SSN or student ID: | | |
| | | | (Optional) | |
| | r child? If this is a foster child, #4 and GO TO section #5. | check here [] and list the child's mon | thly personal use income: \$ | · |
| | g SNAP or TANF benefits f number, and then SKIP section | for your child? If you are receiving #4 and GO TO section #5. | g SNAP or TANF benefits for | this child, check |
| SNAP case n | umber: | TANF case number: | | |

4. All other households. Complete this section if the child is <u>not</u> a foster child and you are <u>not</u> receiving SNAP or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

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

| NAMES | CURRENT MONTHLY INCOME | | | | |
|---|---------------------------|---|---|---|---|
| Name of household members (Include the child listed above) | Check if \$0 income | Monthly earnings (before deductions) Job#1 | Monthly welfare, child support, alimony | Monthly payments from pensions, retirement, social security | Monthly earnings from job #2 or any other monthly income |
| 1. | | \$ | \$ | \$ | \$ |
| 2. | | \$ | \$ | \$ | \$ |
| 3. | | \$ | \$ | \$ | \$ |
| 4. | | \$ | \$ | \$ | \$ |
| 5. | | \$ | \$ | \$ | \$ |
| 6. | | \$ | \$ | \$ | \$ 0 0 9reW n24 re\ |
| | | | | | |
| | | | | | |
| | | | | | |

| 6. Consent for release of in | formation to Texas Education Agency for pr | ogram audit purposes. | |
|--|---|---|---------------------------------|
| district/charter school to th the Texas Education Agenc | the above information by thee Texas Education Agency for the purposes of y will not share the information with any oth child's eligibility for free or reduced-price me | auditing compensatory education fur ner entity or program. I also understa | nding reports. I understand tha |
| Signature of adult | | Dat | e |
| FOR OFFICIAL USE ONLY: | SNAP or TANF Eligible | | |