



September 2020

Dear Parents:

Did you know your child(ren) can benefit from:

- Smart Boards and Science Kits
- Virtual Learning System for Students
- Free Extended Year Summer Programs
- Professional Development for Teachers and Principals
- E-Rate Funding for Technology
- Technology Coaches & Online Programs
- School Scholarships & Grants

A portion of the funding for these important educational programs is made available through **your hard-earned tax dollars. Every family contributes and every student can benefit, regardless of income level. OUR SCHOOL CAN BE ELIGIBLE FOR UP TO \$2,000 per student for each form returned!**

Here is how your child can take advantage of one or more of these resources:

In order to determine eligibility for these programs, parents must fill out the attached form IN ITS ENTIRETY and return it to your child's teacher by September 14, 2020.

Please list all the names of children attending our school on the application and complete all questions on the form.

This form is not shared with anyone. It is for school personnel to determine what programs your child and the school is eligible.

Thank you for your cooperation and please do not hesitate to contact me if I may be of further assistance. If you would like additional clarification or information, you may also e-mail Michael Coppotelli, Associate Superintendent for Public Policy and Student Services at MCoppotelli@archny.org

Sincerely,

Principal

EACH RETURNED SURVEY COULD PROVIDE UP TO \$2000



FOR EACH STUDENT RETURN TO SCHOOL September 14, 2020

1. Use the chart below to answer the questions in item #1. (Include all members who live in your household)

Is your family income less than the amount in column A?

Yes _____ No _____

Is your family income less than the amounts in columns B?

Yes _____ No _____

Is your family income less than the amounts in columns C?

Yes _____ No _____

2. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicaid program?

Yes _____ No _____

4. What School and Grade(s) is(are) your child(ren) in?

School Name _____ Grade(s) _____

Home Address (required): _____
City _____ State _____ Zip _____

Complete last section below:

Household Size	A		B		C		
	Annual	Annual	Month	Week	Annual	Month	Week
1	\$12,760	\$16,588	\$1,383	\$319	\$23,606	\$1,968	\$454
2	\$17,240	\$22,412	\$1,868	\$431	\$31,894	\$2,658	\$614
3	\$21,720	\$28,236	\$2,353	\$543	\$40,182	\$3,349	\$773
4	\$26,200	\$34,060	\$2,839	\$655	\$48,470	\$4,040	\$933
5	\$30,680	\$39,884	\$3,324	\$767	\$56,758	\$4,730	\$1,092
6	\$35,160	\$45,708	\$3,809	\$879	\$65,046	\$5,421	\$1,251
7	\$39,640	\$51,532	\$4,295	\$991	\$73,334	\$6,112	\$1,411
8	\$44,120	\$57,356	\$4,780	\$1,103	\$81,662	\$6,802	\$1,570
For each additional family member add:	\$4,480	\$5,824	\$486	\$112	\$8,177	\$691	\$160

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

To protect your privacy, this will be detached from this form once the schools records that a family returned it and the data aggregated.

Student (s) Name(s) _____

Public School District _____