

# VPK Economic Eligibility Application

PRINT NEATLY. This application is for all students living in your house

## The School Board of Lake County



### 1. List ALL students in your Household attending Lake County Schools.

PRINT Student's Name (Last, First, Middle Initial)	Date of Birth	Check if Foster Child	Check if No Income	Student's Income	Income Frequency*
				\$	/W 2W 2xM M A
				\$	/W 2W 2xM M A
				\$	/W 2W 2xM M A
				\$	/W 2W 2xM M A
				\$	/W 2W 2xM M A
				\$	/W 2W 2xM M A

2. If ANY member of your household receives **Florida Food Stamps (SNAPS); TANF; Cash Assistance** or **FDPIR**, provide the name and case number of any household member that receives benefits and skip to part 5.

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

Case # \_\_\_\_\_

### 3. Print Names & Income of ALL other people living your home, DO NOT include the students listed above. You must report all income and the frequency you receive it.

Please CIRCLE how often you receive these payments.\* Do NOT add up your income, report it as your receive it.

\*W = Weekly 2W = Bi-Weekly 2xM = 2 times per Month M = Monthly A = Annually (only seasonal and self-employed may report annual income)

List First & Last Name of EVERYONE including non-school aged children living in your household. DO NOT include students listed above.	Check if No Income	Gross Earnings Before Deductions: Include all Jobs.	Welfare Payments/Child Support/ Alimony	Pay from Pensions, Retirement/Social Security/ Other Income
		\$ /W 2W 2xM M A	\$ /W 2W 2xM M A	\$ /W 2W 2xM M A
		\$ /W 2W 2xM M A	\$ /W 2W 2xM M A	\$ /W 2W 2xM M A
		\$ /W 2W 2xM M A	\$ /W 2W 2xM M A	\$ /W 2W 2xM M A
		\$ /W 2W 2xM M A	\$ /W 2W 2xM M A	\$ /W 2W 2xM M A
		\$ /W 2W 2xM M A	\$ /W 2W 2xM M A	\$ /W 2W 2xM M A
		\$ /W 2W 2xM M A	\$ /W 2W 2xM M A	\$ /W 2W 2xM M A

### 4. Total Household Members

Add the names listed in 1 & 3

### 5. Homeless, Migrant & Foster

If you believe the child for whom you are applying is Homeless (H), Migrant (M) or Foster (F) call (352)383-0432, ext 4 for Homeless or ext 2 for Migrant status confirmation, and then place an X in the appropriate box below.

H	M	F
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**6. Certification:** I certify that all of the information on this form is true and correct and the Food Stamp or TANF number is current and correct. I have reported all household income. I understand that this information is being given for the receipt of Federal Funds; school officials may verify the information on the application; I can verify the information on the application, and I can be prosecuted under some State and Federal Laws for deliberate misrepresentation of the information on this application and my child may lose VPK benefits.

**SIGNATURE:** The adult who completed this application must sign and include the last 4 digit of your Social Security #. A Social Security # is not required on Food Stamp, TANF or Foster Child Applications.

X

Adult Signature Required

Date Required

Printed Name of Adult that signed the application

Last 4 numbers of your Social Security Number required here





If you DO NOT have a SS # check this box →

☐

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number ( ) - \_\_\_\_\_

District Use ONLY

APPROVED by \_\_\_\_\_ Date \_\_\_\_\_

Confirmed by \_\_\_\_\_ Date \_\_\_\_\_

**ONLY ONE ELIGIBILITY FORM PER HOUSEHOLD IS REQUIRED.** (Please do not send in a duplicate form unless you have been requested to do so or if there is a change in your household.)

**PART 1 - USING A DIFFERENT LINE FOR EACH STUDENT FILL IN THE FOLLOWING INFORMATION:**

LAST NAME FIRST NAME MIDDLE INITIAL  
(Must be complete legal name as listed on their birth certificate, no nicknames.)  
DATE OF BIRTH (EXAMPLE: 10/30/82)  
CHECK IF STUDENT IS A FOSTER CHILD CHECK IF STUDENT HAS NO INCOME  
STUDENT'S INCOME (Example: SSI, Social Security or Earned Income) and frequency.

**PART 2 -** If ANY member of your household receives Florida SNAP (Supplemental Nutrition Assistance Program) formerly the Food Stamp Program or TANF (Temporary Assistance to Needy Families), provide the name and case number of any household member that receives benefits and then skip to part 5. The case number must be the 10 digit case number, NOT the EBT card number.

**PART 3 - LIST THE NAME OF EVERYONE ELSE LIVING IN THE HOUSEHOLD.**

**DO NOT INCLUDE STUDENT NAMES LISTED IN PART 2.**

- Include yourself, your spouse, and all children not attending a Lake County Public School as well as grandparents and all other people who are staying your household.
- If you have "zero income" and receive no unemployment compensation or any other form of income you must mark the box to indicate "NO INCOME".
- Write the GROSS INCOME RECEIVED (before deductions) and circle the income frequency (W = Weekly, 2W = Bi-Weekly, 2xM = 2 times per month, M = Monthly or A = Annually\*) by EACH household member in the correct column for earnings, welfare, pensions and other income. \*Only seasonal, migrant or self-employed families are permitted to report annual income.

**PART 4 - COUNT** the total number of names listed in parts one (1) and three (3) to get the total for part four (4). This should be the total number of household members in your home.

**PART 5 -** If you believe the child for whom you are applying for is Homeless (H) or Migrant (M), call (352)383-0432, ext 4 for Homeless or ext 2 for Migrant status confirmation. Then place an "X" in the appropriate box.

**PART 6 - SIGN your name** in the space marked with the "X" and above Signature Required.

PRINT the following information for the adult completing the form in the provided spaces:

Date Signed Print First and Last Name Last 4 digits of adult Social Security number of check NONE.  
Mailing Address City Zip Code Best contact number

**RETURN COMPLETED ELIGIBILITY FORM WITH YOUR VPK APPLICATION**

**ANTI-DISCRIMINATION:** 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. To file a complaint of discrimination, write to the USDA Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call toll free (866)632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact the USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). The USDA is an equal opportunity provider and employer.

**REDUCED INCOME ELIGIBILITY GUIDELINES**

Use the income chart below to see if you qualify for the VPK Program

Effective July 1, 2019 - June 30, 2020

Reduced Meal Scale is 185% of Federal Poverty Level					
Household Size	Weekly	2W	2xMonth	Monthly	Annually
1	\$445	\$889	\$963	\$1,926	\$23,107
2	\$602	\$1,204	\$1,304	\$2,607	\$31,284
3	\$759	\$1,518	\$1,645	\$3,289	\$39,461
4	\$917	\$1,833	\$1,985	\$3,970	\$47,638
5	\$1,074	\$2,147	\$2,326	\$4,652	\$55,815
6	\$1,231	\$2,462	\$2,667	\$5,333	\$63,992
7	\$1,388	\$2,776	\$3,008	\$6,015	\$72,169
8	\$1,546	\$3,091	\$3,348	\$6,696	\$80,346
Each additional family member, ADD	\$158	\$315	\$341	\$682	\$8,177

**INCOME THAT MUST BE REPORTED**

**Earnings From Work**

Wages, Salaries/Tips  
Strike Benefits  
Unemployment Compensation  
Worker's Compensation  
Net Income from Self-Owned  
Business or Farm

**Welfare/Child Support/Alimony**

Public Assistance  
Welfare Payments  
Alimony Payments  
Child Support Payments

**Pensions/Retirement/Social Security/Other**

Pensions  
Supplemental Security Income  
Retirement Income  
Veteran's Payments  
Social Security

Disability Benefits  
Military Housing Allowance  
Interest/Dividends  
Net Royalties  
Income from Estate/Trus/Investments

Net Rental Income  
Cash Withdrawal from Savings  
Any Other Income  
Regular Contributions from persons not living in your home