



<b>For Office Use Only</b>
<b>Please Circle One</b>
<b>Income Eligible: Yes / No</b>
<small>If yes, and enrolled, student should be classified as (L) in student information system</small>

**2019-20**

**Application to Determine Income Eligibility for the Voluntary Pre-K Program**

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.  
 application is not a guarantee of acceptance into the VPK program.

Submission of this

Name of Student: \_\_\_\_\_ Date of Application: \_\_\_\_\_

SSN of Student: \_\_\_\_\_ Date of Birth of Student: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

**Part A - Family Information**  
 Please list information for all other household members

**Section 1**

	Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.				
2.				
3.				
4.				
5.				

**Section 2**

	Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.		
2.		
3.		
4.		
5.		

Total # of household members: \_\_\_\_\_

**Part B - Program Participation**

Please check (√) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (\*Documentation required-See Part D).

(√)	(√)	(√)	(√)	(√)	Case #			
	Early Head Start		Foster Care		Migrant			Families First (TANF)
	Head Start		Homeless		Food Stamps / EBT			

**\*If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.**

### Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

#### Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes							
A.	GROSS work income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
B.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list ↓
C.	Workman's Comp	F.	Social Security	I.	Alimony		

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
<b>Total Annual (Yearly) Income</b>						<b>\$ -</b>

### Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	Retirement Documentation	<input type="checkbox"/>	Foster Care Reimbursement
<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	SSI Documentation
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	TANF Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	AFDC / Public Assistance Payment
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	Alimony Documentation	<input type="checkbox"/>	TennCare Verification
<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	Other (Specify): →		

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: \_\_\_\_\_ SSN #: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information. Completed  
 forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: \_\_\_\_\_  
 Signature of LEA employee: \_\_\_\_\_  
 Date Reviewed by LEA employee: \_\_\_\_\_



