TN Department of Education

2020-21

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.
Submission of this application is not a guarantee of acceptance into the VPK program.

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		$ -
					Total Annual (Yearly) Income	$ -

Part D - INCOME VERIFICATION

Please check (√) all documents submitted as Proof of Income or Program Participation.					
	Pay Stub / Verification of pay by employer		Retirement Documentation		Foster Care Reimbursement
	W-2 Form		Social Security		SSI Documentation
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		TANF Documentation
	Unemployment Compensation		Child Support		AFDC / Public Assistance Payment
	Workman's Compensation Documentation		Alimony Documentation		TennCare Verification
	Pension Stubs		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: _____