

## Pilot Point ISD Technology User Fee (TUF) Waiver Application FAQs

1. ARE TUF WAIVERS AUTOMATICALLY FOR THE FULL USER FEE AMOUNT? *No, TUF waivers may be for the full or reduced amount determinant on the household gross income.*
2. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? *No. You can use one Technology User Fee (TUF) Waiver Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's school.*
3. WHO CAN GET QUALIFY FOR A TUF WAIVER? *Assistance for needy families can qualify for TUF waivers if your household's gross income is within the limits on Federal Income Eligibility Guidelines.*
4. CAN FOSTER CHILDREN QUALIFY FOR A TUF WAIVER? *Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for a TUF waiver.*
5. CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN QUALIFY FOR FREE OR REDUCED TUF? *Yes, children who meet the definition of homeless, runaway, or migrant qualify for free or reduced TUF. If you haven't been told your children will qualify for free or reduced TUF, please call or e-email your child's school counselor to see if they qualify.*
6. HOW LONG IS MY CHILD'S APPROVAL FOR FREE OR REDUCED TUF VALID? *Each approval is valid for one school year. Families must reapply for each child at the beginning of each school year.*
7. WILL THE INFORMATION I GIVE BE CHECKED? *Yes and we may also ask you to send written proof.*
8. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? *You should talk to school officials (e.g. counselor). You also may ask for hearing to have the decision reviewed.*
9. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? *Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced TUF.*
10. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? *You must include all people living in your household, related or not (such as grandparents, other relative, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.*
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? *List the amount that you normally receive. For example, if you normally make \$1000 each moth, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime pay, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.*
12. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? *If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.*
13. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? *No, if the combat pay is received in addition to his/her basic pay because of their deployment*

and it wasn't received before they were deployed, combat pay is not counted as income. Contact your child's counselor for more information.

14. WHAT IS THE DEFINITION OF INCOME? *The definition of income is adopted from National School Lunch Act and Child Nutrition Act. It is defined as "income," as the term is used in this notice, means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) Monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a child's meal.*

*"Income", as the term is used in this notice, does not include any income or benefits received under any Federal programs that are excluded from consideration as income by any statutory prohibition.*

15. WHAT ARE THE INCOME ELIGIBILITY GUIDELINES?

(See following chart)

INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2016 to June 30, 2017											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>											
1 .....	11,880	21,978	1,832	916	846	423	15,444	1,287	644	594	297
2 .....	16,020	29,637	2,470	1,235	1,140	570	20,826	1,736	868	801	401
3 .....	20,160	37,296	3,108	1,554	1,435	718	26,208	2,184	1,092	1,008	504
4 .....	24,300	44,955	3,747	1,874	1,730	865	31,590	2,633	1,317	1,215	608
5 .....	28,440	52,614	4,385	2,193	2,024	1,012	36,972	3,081	1,541	1,422	711
6 .....	32,580	60,273	5,023	2,512	2,319	1,160	42,354	3,530	1,765	1,629	815
7 .....	36,720	67,951	5,663	2,832	2,614	1,307	47,749	3,980	1,990	1,837	919
8 .....	40,860	75,647	6,304	3,152	2,910	1,455	53,157	4,430	2,215	2,045	1,023
For each add'l family member, add	4,160	7,696	642	321	296	148	5,408	451	226	208	104
<b>ALASKA</b>											
1 .....	14,840	27,454	2,288	1,144	1,056	528	19,292	1,608	804	742	371
2 .....	20,020	37,037	3,087	1,544	1,425	713	26,026	2,169	1,085	1,001	501
3 .....	25,200	46,620	3,885	1,943	1,794	897	32,760	2,730	1,365	1,260	630
4 .....	30,380	56,203	4,684	2,342	2,162	1,081	39,494	3,292	1,646	1,519	760
5 .....	35,560	65,786	5,483	2,742	2,531	1,266	46,228	3,853	1,927	1,778	889
6 .....	40,740	75,369	6,281	3,141	2,899	1,450	52,962	4,414	2,207	2,037	1,019
7 .....	45,920	84,952	7,080	3,540	3,268	1,634	59,696	4,975	2,468	2,296	1,148
8 .....	51,100	94,572	7,881	3,941	3,638	1,819	66,456	5,538	2,769	2,556	1,278
For each add'l family member, add	5,200	9,620	802	401	370	185	6,760	564	282	260	130
<b>HAWAII</b>											
1 .....	13,670	25,290	2,108	1,054	973	487	17,771	1,481	741	684	342
2 .....	18,430	34,096	2,842	1,421	1,312	656	23,959	1,997	999	922	461
3 .....	23,190	42,902	3,576	1,788	1,651	826	30,147	2,513	1,257	1,160	580
4 .....	27,950	51,708	4,309	2,155	1,989	995	36,335	3,028	1,514	1,398	699
5 .....	32,710	60,514	5,043	2,522	2,328	1,164	42,523	3,544	1,772	1,636	818
6 .....	37,470	69,320	5,777	2,889	2,667	1,334	48,711	4,060	2,030	1,874	937
7 .....	42,230	78,126	6,511	3,256	3,005	1,503	54,899	4,575	2,268	2,112	1,056
8 .....	47,010	86,969	7,248	3,624	3,345	1,673	61,113	5,093	2,547	2,351	1,176
For each add'l family member, add	4,780	8,843	737	369	341	171	6,214	518	259	239	120

**Pilot Point ISD Technology User Fee (TUF) Waiver Application**

PART 1. ALL HOUSEHOLD MEMBERS			
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school for each child/or indicate "NA" if child is not in school	Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if <b>NO</b> Income
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. BENEFITS**

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES (SNAP, FDPIR, OR TANF Cash Assistance), PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL YOUR CHILD'S SCHOOL COUNSELOR.**

HOMELESS     MIGRANT     RUNAWAY

**PART 4. TOTAL HOUSEHOLD GROSS INCOME.** You must tell us how much and how often.

1. Name (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earning from Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	&99.99/monthly	\$50.00/monthly
	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

**PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will verify information based on the required documentation provided in addition to this application. I understand that if I purposely give false information, my children may lose their free or reduced TUF and I will be responsible to pay the fee in full within 10 business days, in addition prosecution for falsification of information may be implemented.*

Sign here: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pilot Point ISD Technology User Fee (TUF) Waiver Application**

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

Last four digits of Social Security Number \*\*\*-\*\*-\_\_\_\_-\_\_\_\_  I do not have a Social Security Number

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

*Choose one ethnicity:*

- Hispanic/Latino
- Not Hispanic/Latino

*Choose one or more (regardless of ethnicity):*

- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

**PART 6. SUPPLEMENTAL DOCUMENT CHECKLIST: PLEASE ATTACH THE FOLLOWING SUPPLEMENTAL DOCUMENTS WITH YOUR APPLICATION.**

- LAST TWO MONTHS BANK STATEMENT
- LAST TWO MONTHS PAY STUBS
- PREVIOUS YEAR'S TAX RETURN (2015)

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

ANNUAL INCOME CONVERSION: WEEKLY X 52, EVERY 2 WEEKS X 26, TWICE A MONTH X 24, MONTHLY X 12

Total Income: \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice A Month  Month  Year; Household Size: \_\_\_\_\_

Eligibility:  Free  Reduced  Denied

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_