



Court, Teresa <tlcourt@cps.edu>

Family Income Information Forms - WE NEED YOUR HELP

1 message

Sauganash School <cdmunns@cps.edu>

Wed, Oct 28, 2020 at 11:18 AM

Reply-To: cdmunns@cps.edu

To: tlcourt@cps.edu

We just received this email from central office about the importance of schools being at 100% for FIIF. They have extended the deadline twice now, due to the importance of these forms. Ms. Vickie has detailed directions below. If you have questions please reach out to her at vmpecoraro@cps.edu.

Dear Principal Christine Munns (SAUGANASH- Unit# 25211, NETWORK 01)

We are reaching out to remind schools of the importance of collecting and processing completed Family Income Information Forms (FIIF) into ODA by the deadline of **Wednesday, November 18th**. This information is critical in determining the allocation of **Supplemental Aid (SA)** and **Title I** funds to your school for FY22. Additionally, it is frequently used as a needs-based data metric for eligibility or priority with other resources or funding. It is also used to screen for healthcare (Medicaid) and SNAP benefits for families.

YOUR SCHOOL IS CURRENTLY AT 67% COLLECTED

Dear Sauganash Family,

Please complete the Mandatory CPS Family Income Information Form for 2020-2021 school year.

Only one form per family! All forms Due by Sept. 30th

The instructions below will help you fill the form out accurately. Remember to print and sign the form. At this time you can scan the form and email it to vmpecoraro@cps.edu or drop it off at the school at door #1 between 9:00am -2pm.

Families Applying:

Fill out the form completely
All family members **must** be listed in part 1
Form **must** include the address in part 6
Form **must** be signed

Families Opting Out:

Write "opt out" or "not applying" directly on the form
Part 1 and 6 **must** be filled out
Form **must** be signed

Families with SNAP/TANF number:

Fill out the form completely
All family members **must** be listed in part 1
Form **must** include the address in part 6
Form **must** be signed
This # is **not** the # on the medical card. If you do not know your case number please call your case worker.

Part 7

On the reverse side is part 7. This section is optional.

CPS FAMILY INCOME INFORMATION FORM 2020-2021

Parents - Please return form to school by September 30, 2020.

Schools - Please enter into ODA by October 18, 2020

School Name (Nombre de Escuela):

The purpose of this form is for CPS to obtain information about families' income to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office.

Part 1 - HOUSEHOLD INFORMATION (INFORMACIÓN SOBRE EL HOGAR)
List names of all members of your household living with you. (Escriba los nombres de todas las personas que viven en su hogar.)
Foster Child? (¿Hijo de Crianza?) CPS Student? (¿Estudiante de CPS?) All Household Member Names Last (Apellido) First (Nombre) MI (Inicial) Date of Birth (Fecha de Nacimiento) DHS Case Number (Número del Caso del DHS)
Homeless, Migrant, Runaway or Head Start (¿Es Homeless, Migrante, Runaway o Head Start?)
Homeless, Migrant, Runaway or Head Start Liaison Signature
Date (Fecha)

Part 4 - List Household Members With Income (SKIP THIS if you answered any of steps 2 or 3)
Household Member Names With Income First (Nombre) MI (Inicial) Last (Apellido) Gross Income (before deductions) (Ingresos Brutos) Other Income (Other Income) (Ingresos)
Part 5 - Opt In of information about other benefits. (Otros Beneficios)
YES I am interested in applying for a waiver of instructional fees.
YES I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program.

Part 6 - Signature (Firma)
I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding eligibility for the school and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted.
Signature of adult household member (Firma del miembro adulto del hogar) Parent / Guardian First Name (Nombre del adulto del hogar) Parent / Guardian Last Name (Apellido del adulto del hogar) Address (Dirección postal o de domicilio) Zip Code (Código Postal) Date (Fecha)
SCHOOL USE ONLY Initial Determination: ELIGIBLE (FREE OR REDUCED) INELIGIBLE (DENIED, N/A OR ?)

Sauganash School | Sauganash School, 6040 N. Kilpatrick Ave., Chicago, IL 60646

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