

Hemphill Independent School District for Compensatory Education Funding

Dear Parent or Guardian:

The Hemphill Independent School District may qualify for additional funding from the state if any of our students meet certain guidelines. The additional funding, known as the Compensatory Education Allotment, is used to provide supplemental services to students who are at-risk or not performing at an appropriate level. Please help us collect the necessary information so that we may receive additional state dollars for the benefit of our students.

The district is automatically eligible for this funding if you receive food stamps or Temporary Assistance for Needy Families (TANF). Otherwise, the district may qualify for this funding depending upon your income and family size. Please complete the attached Form for Compensatory Education Funding Qualification and return it to the registrar at your child's campus.

Please complete a separate form for each child. Attached are more detailed instructions to help you fill out the form.

- Households receiving food stamps or Temporary Assistance for Needy Families (TANF): Complete the child's name and case number and have an adult household member sign the form. If you have more than one child attending school, complete a separate form for each child.
- Households with one or more foster child. List the child's name and the amount of "personal use" income the child received last month and have an adult household member sign the form. If you have more than one foster child attending school, complete a separate form for each one.
- Households that do not receive food stamps or TANF: If you do not have a case number, you should list the names of all household members, the amount of income each person received last month, and where the income came from. An adult household member must sign the form and include his or her social security number or indicate that he or she has no social security number. If you have more than one child attending school, you should complete a separate form for each one, but you only have to complete this section once.

Thank you for your help.

Sincerely,

Stephen English, Superintendent

Instructions for Completing the Compensatory Education Funding Qualification Form

Please complete the Compensatory Education Funding Qualification Form using the instructions below. Sign, date and return the form to the registrar at your child's campus. If you need assistance, call the registrar at your child's campus. Complete a separate form for each child in your household that attends public school.

1. Child information. Print your child's name, grade, and the name of the school.
2. Foster child. Complete this section if this is a foster child. List the foster child's monthly "personal use" income. Put "0" if the foster child does not receive "personal use" income. A foster parent or other official representing the child must sign the form in section #5. You are not required to list a social security number.
3. Food stamps or Temporary Assistance for Needy Families (TANF) benefits. If you are receiving food stamps or TANF benefits for the child, complete this section of the form. List the current food stamp or TANF case number for the child. An adult household member must sign the form in section #5. You are not required to list a social security number.
4. All other households. Complete this section of the form if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child. (If you have more than one child attending public school and you are filling out a separate form for each one, you only need to complete this section once.)

List the name of everyone in your household even if they do not have an income. Include yourself, your spouse, the child, and all other household members.

List the amount of income each person received last month before taxes or any other payroll deductions. List the income source, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.

If anyone is self-employed, write the amount of income the person earns from self-employment. For example, self-employment income could be from operating a farm or a business such as a day care center.

Sign the form in section #5 and list your social security number. If you do not have a social security number, write "none."

5. Signature and social security number. The form must have the signature of an adult household member. Unless you have a food stamp or TANF case number or the child is a foster child, the social security number of the adult who signs the form must be included. If the person who signs the form does not have a social security number, put "none."

6. Consent. The adult household member whose signature appears in 5 should sign and date the consent.

Examples of Income to Report

Earnings from work Pensions/Retirement/Social Security Other Monthly Income/Self-Employment

Wages/salaries/tips Pensions Disability benefits Strike benefits Supplemental security income Cash withdrawn from savings Unemployment compensation Retirement income Interest/dividends Worker's compensation Veteran's payments Income from estates/trusts/investments Net income from self-owned Social security Regular contributions from persons not business such as day care living in the household center, farm or other Net royalties/annuities/net rental income Military allowance for off-base housing

Welfare/Child Support/Alimony Public Alimony/child support payments
assistance payments Welfare payments Any other income

2025-2026

Confidential Information

**Hemphill Independent School
District
Form for Compensatory Education
Funding Qualification**

Please fill out one form for each child attending school, sign each form, and return it to the registrar at your child's campus. Instructions for filling out the form are attached. If you need help, please call the registrar at your child's campus.

1. Child's name: _____
(Last Name) (First Name) (Middle Initial)
 Child's grade: _____ School: _____ SSN or student ID: _____ (Optional)

2. Is the child a foster child? If this is a foster child, check here [] and list the child's monthly personal use income:
 \$ _____. SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving food stamps or TANF benefits for your child? If you are receiving food stamps or TANF benefits for this child, check here [], list the case number, and then SKIP section #4 and GO TO section #5.
 Food stamp case number: _____ TANF case number: _____

4. All other households. Complete this section if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. Then GO TO section #5.

NAMES		CURRENT MONTHLY INCOME			
Name of household members (include the child listed above)	Check if \$0 income	Monthly earnings (before deductions) Job #1	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, social security	Monthly earnings from job #2 or any other monthly income
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$
10.		\$	\$	\$	\$

5. Signature and social security number. *I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct or that all income is reported. I understand that this information is being given in order for the school to receive additional state funding and that school officials may verify the information.*

Signature of adult _____ Social security number _____ - _____ - _____

Printed name _____ Home phone _____ Work phone _____ Mailing
address _____ City _____ State _____ TX Zip _____ Date _____

6. Consent for release of information to Texas Education Agency for program audit purposes. *I consent to the release of the*
Hemphill Independent
above information by the _____ school district/charter school to the Texas Education Agency for the purposes of
auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information
with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for
free or reduced price meals or free milk.

Signature of adult _____ Date _____

SF-141R08

FOR OFFICIAL USE ONLY: Food Stamp or TANF Eligible []

Total Monthly Income \$ _____ Household Size _____ Income Eligible [] Determining Official

Signature _____ Date _____

Retain in District – Do Not Send to TEA SF – 141

