

**Killeen Independent School District
CEP Program Survey
2023-2024**

Dear Parent or Guardian:

Our school may qualify for additional funding from the state if any of our students meet certain guidelines. Please help us collect the following necessary information. Each child in your family will need a separate form. If you have questions, please feel free to contact your child's campus.

Thank you for your continued support.

Student Last Name	Student First Name	Grade	Local ID	DOB	Campus ID/Name	
Do you receive Supplemental Nutrition Assistance (SNAP/Food Stamps) benefits for this child?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive Temporary Aide to Needy Families (TANF)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the questions above is "Yes", you do not need to complete the Number of Family Members and Annual Gross Income information below. Please sign, date, and return this form to your child's school.

If the answer to each of the questions above is "No", please provide the Number of Family Members and Annual Gross Income information listed below.

Number of Family Members											
Mark the total number of people in your household. Be sure to include all children and adults, related and un-related, who live in a single dwelling and share income and expenses.											
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10	○ 11	○ 12
If more than 12 people, please enter number here:											

Annual Gross Income			
Mark the total yearly income of all household members before deductions. Make sure to include all income from wages, salary, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, worker's compensation, unemployment and/or any other income. The amount should be based on the previous month and before any deductions for taxes, insurance, medical expenses, child support, etc.			
<ul style="list-style-type: none"> • If you are paid on a weekly basis, please multiply that amount by 52 to determine your annual gross income. • If you are paid on a bi-weekly basis, please multiply that amount by 26 to determine your annual gross income. • If you are paid twice a month, please multiply that amount by 24 to determine your annual gross income. • If you are paid monthly, please multiply that amount by 12 to determine your annual gross income. 			
○ \$0 - \$26,973	○ \$55,501 - \$65,009	○ 93,537 - \$103,045	○ \$131,573 - \$141,081
○ \$26,974 - \$36,482	○ \$65,010 - \$74,518	○ \$103,046 - \$112,554	○ \$141,082 - \$150,590
○ \$36,483 - \$45,991	○ \$74,519 - \$84,027	○ \$112,555 - \$122,063	○ \$150,591 - \$160,099
○ \$45,992 - \$55,500	○ \$84,028 - \$93,536	○ \$122,064 - \$131,572	○ \$160,100 and above

I certify that all the information on this form is true and that all income is reported.

Parent/Guardian Signature Parent/Guardian Printed Name Date Phone number

NOT VALID BEFORE JULY 1, 2023
FOR USE AFTER JULY 1, 2023