

Impact Aid – Eligibility and Sorting Training

Last Updated August 2021



Purpose

Federal grant to compensate LEAs for:

- lost local revenue due to tax-exempt federal property
- increased expenditures for **federally connected children**

Federally connected children may include:

- children of members of the uniformed services,
- children who live on Indian lands,
- children who live on federal property or federally subsidized low rent housing, and
- children whose parents work on federal property.



Eligibility

A Local Education Agency (LEA) must have at least 3% or 400 eligible federally connected children in average daily attendance (ADA).



Survey Date

Federally connected children enrolled on CSI's Survey Date are eligible to be included.

*****CSI will use the state's Pupil Count Date as its Impact Aid survey date.*****

The survey cannot be completed by families until the Survey Date.



Parent Survey Form





Form Details

- Approved by USDoE Impact Aid Staff
- Please DO NOT remove anything from the paper form
- Feel free to pre-populate your school name and Part I before printing/copying for families
- Feel free to include a letter/note to attach to this form to help families understand the purpose/importance of completing this form.
 - Include your school's requested *deadline* for families to turn in this form
 - See a sample on the CSI website

PART I: STUDENT INFORMATION: Students below must reside in the same household as the parent/guardian identified below.

Last Name	First Name	M.I.	Date of Birth	Grade	office use only <input type="checkbox"/> IEP	
Address			City	State	Zip Code	

Does this student reside on federal property? If the address listed above is located on federal property, check the box next to the federal property on which the student resides:

Air Force Academy
 Buckley AFB
 Fort Carson
 Peterson AFB
 Schriever AFB
 Other:

PART II: PARENT INFORMATION: Fill out either A) Uniformed Services, B) Foreign Military, or C) Civilian Employed on Federal Land. If two sections below are applicable to the family, only the highest section below needs to be completed. (For example: if one parent is Uniformed Services and the other parent is Civilian, only complete the Uniformed Services section.)

A) UNIFORMED SERVICES
Enter information in this section if either parent/guardian was on active duty in the Uniformed Services of the United States on **10/1/2021**.

Parent/Guardian's Last Name	First Name and MI	Branch of Service	Rank
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B) FOREIGN MILITARY
Enter information in this section if either parent/guardian was both an accredited foreign government official and a foreign military officer on **10/1/2021**.

Parent/Guardian's Last Name	First Name and MI	Branch of Service	Rank
Name of Foreign Government			

C) CIVILIAN
Enter information in this section if:

- Parent/guardian with whom the student resided was employed on federal property but was NOT active duty.
- Parent/guardian reported to work on federal property on **10/1/2021**.

Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and MI	Name of Parent/Guardian's Employer
Name of federal property employed on (if other, include address, city, state, zip)		

Air Force Academy Denver Federal Center (Lakewood)
 ANG Base (Aurora) Federal Building (Colorado Springs)
 Buckley Air Force Base Federal Building (Denver)
 Cheyenne Mountain Air Force Base PFC Floyd K Lindstrom VA Outpatient Clinic
 Fort Carson VA Medical Center
 Peterson Air Force Base Other: Provide name of federal property and address _____
 Schriever Air Force Base

PART III: PARENT/GUARDIAN SIGNATURE

By filling in my name below, I acknowledge that this response serves as my required signature under 34 C.F.R. § 222.35(4)(i). By doing so I also affirm, under penalty of perjury, that the information contained in my survey responses is true and accurate as of **October 1, 2021**.

Parent/Guardian Signature	Date
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Ensure this section is completed in its entirety.

If you believe a family lives on post/base but a box isn't checked, please double check with the family.

IMPACT AID SURVEY FORM

SURVEY DATE: October 1, 2021

SCHOOL NAME:

← Pre-populate this with your school name before printing/copying

PART I: STUDENT INFORMATION: Students below must reside in the same household as the parent/guardian identified below.

Last Name	First Name	M.I.	Date of Birth	Grade	office use only <input type="checkbox"/> IEP
Address		City		State	Zip Code

Does this student reside on federal property? If the address listed above is located on federal property, check the box next to the federal property on which the student resides:

- Air Force Academy Buckley AFB Fort Carson Peterson AFB Schriever AFB
 Other: _____

Ensure one of the sections below is completed in its entirety.
If a field within the filled out section is missing, please return the form to the family to complete.

PART II: PARENT INFORMATION: Fill out either A) Uniformed Services, B) Foreign Military, or C) Civilian Employed on Federal Land. If two sections below are applicable to the family, only the highest section below needs to be completed. (For example: if one parent is Uniformed Services and the other parent is Civilian, only complete the Uniformed Services section.)

A) UNIFORMED SERVICES
 Enter information in this section if either parent/guardian was on active duty in the Uniformed Services of the United States *on 10/1/2021*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

B) FOREIGN MILITARY
 Enter information in this section if either parent/guardian was both an accredited foreign government official and a foreign military officer *on 10/1/2021*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

C) CIVILIAN
 Enter information in this section if:

- Parent/guardian with whom the student resided was employed on federal property but was NOT active duty.
- Parent/guardian reported to work on federal property *on 10/1/2021*.

Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer
Name of federal property employed on (if other, include address, city, state, zip)		
<input type="checkbox"/> Air Force Academy <input type="checkbox"/> Denver Federal Center (Lakewood) <input type="checkbox"/> ANG Base (Aurora) <input type="checkbox"/> Federal Building (Colorado Springs) <input type="checkbox"/> Buckley Air Force Base <input type="checkbox"/> Federal Building (Denver) <input type="checkbox"/> Cheyenne Mountain Air Force Base <input type="checkbox"/> PFC Floyd K Lindstrom VA Outpatient Clinic <input type="checkbox"/> Fort Carson <input type="checkbox"/> VA Medical Center <input type="checkbox"/> Peterson Air Force Base <input type="checkbox"/> Other: <i>Provide name of federal property and address</i> _____ <input type="checkbox"/> Schriever Air Force Base		

Ensure every form has a signature and date. Forms cannot be distributed to families until Pupil Count Date.

PART III: PARENT/GUARDIAN SIGNATURE

By filling in my name below, I acknowledge that this response serves as my required signature under 34 C.F.R. § 222.35(4)(i). By doing so I also affirm, under penalty of perjury, that the information contained in my survey responses is true and accurate as of **October 1, 2021**.

Parent/Guardian Signature

Date

School Review Sorting



1. Check for completeness

- Form is completely filled out.

If form is not complete, move it to the Incomplete Form pile and follow up with families to have form completed.

IMPACT AID SURVEY FORM
SCHOOL NAME:

SURVEY DATE: **October 2, 2019**

PART I: STUDENT INFORMATION: Students below must reside in the same household as the parent/guardian identified below.

LAST NAME	FIRST NAME	SEX	DATE OF BIRTH	CITIZEN	ENROLLMENT YEAR	ENROLLMENT STATUS
Address			City		STATE	Zip Code

Does this student reside on federal property? If the address listed above is located on federal property, check the box next to the federal property on which the student resides:

Air Force Academy Buckley AFB Fort Carson Peterson AFB Schriever AFB
 Other:

PART II: PARENT INFORMATION: Fill out either A) Uniformed Services, B) Foreign Military, or C) Civilian. If two sections below are applicable to the family, only the highest section below needs to be completed. (For example: if one parent is Uniformed Services and the other parent is Civilian, only complete the Uniformed Services section.)

THIS →

A) UNIFORMED SERVICES
Enter information in this section if either parent/guardian was on active duty in the Uniformed Services of the United States as of 10/2/2019.

Parent/Guardian's Last Name	First Name and MI.	Branch of Service	Rank
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OR →

B) FOREIGN MILITARY
Enter information in this section if either parent/guardian was both an accredited foreign government official and a foreign military officer as of 10/2/2019.

Parent/Guardian's Last Name	First Name and MI.	Branch of Service	Rank
Name of Foreign Government			

THIS →

OR THIS

C) CIVILIAN
Enter information in this section if:

- Parent/guardian with whom the student resided was employed on federal property but was NOT active duty.
- Parent/guardian reported to work on federal property as of 10/2/2019.

Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and MI.	Name of Parent/Guardian's Employer
Name of federal property employed on (if other, include address, city, state, zip)		

Air Force Academy
 Buckley Air Force Base
 Cheyenne Mountain Air Force Base
 Fort Carson
 Peterson Air Force Base
 Schriever Air Force Base
 Other: Provide name of federal property and address _____

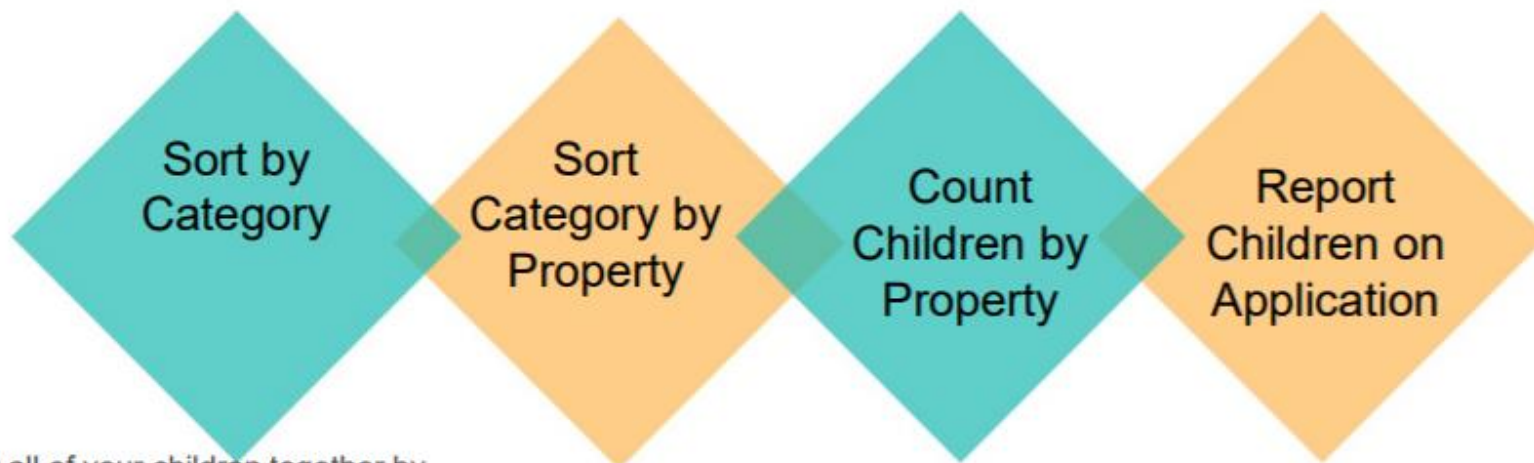
PART III: PARENT/GUARDIAN SIGNATURE
By signing this form, I am certifying that all information on this form is accurate and complete as of October 3, 2019.

Parent Guardian Signature	Date
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This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act), and may be provided to the U.S. Department of Education if your school district's application for payment is audited. This form may be signed and dated for your school district to receive funds based on this information.



2. Sort complete forms



Sort all of your children together by category

- Group military children that live on base together
- Group military children that do not live on base together
- Group LRH children together
- Group Indian lands children together

Sort your categories by property

- Group military on Ft. Sill together
- Group military on Tinker AFB together

- Count all the children that live and work on Ft. Sill
- Count how many of those children had an IEP

Report these children on your application



3. Check for student eligibility

- Confirm that student is included on October Count Snapshot. *If not, move form to Ineligible pile.*



Common Questions re: Eligibility

- **If a student is not included in the October Count snapshot, but is included on a form, should I count them?**
 - No, students must be enrolled at your school as of Count Day to be eligible for Impact Aid Funding.





4. Confirm additional documentation

- Students identified with parents in the Reserves/National Guard must have copy of orders

If not, move form to Additional Documentation pile.



Documenting Reserves and National Guard

- Must be called up to active duty under Presidential Orders – Executive Order 13223 of September 14, 2001, as amended; and Title 10 USC
- Must be activated as of the survey date
- Documentation required:
 - Copy of orders for individual **OR**
 - Certification from service component for activation of unit listing parents' names of children claimed and certifying they were called up under Title 10
- If you do not have the necessary documentation, please do not include these students in your count.



5. Check on additional, potentially eligible families

- Review the students included in your October Count files who have Military Connected = 1 but did not submit an Impact Aid form.
- Consider following up with these families to see if they are eligible/will complete a form.





6. Submit to CSI



Complete your Cover Letter summarizing student counts by category and property



Scan/save in each category/property separately.



Questions?

Email JanetDinnen@csi.state.co.us