**Sample Letter to Parents from Private School Principal or**

**School District Title I, Part A Coordinator**

**Explaining the Need for Poverty Data**

Letterhead

*[Insert Date]*

Dear Families,

Our school is located within the boundaries of the [school district name] that is responsible for implementing the Title I, Part A federal education program. This program offers supplemental instructional services to public and private school children who are at risk of not meeting our state’s standards. The additional instruction provided by the Title I, Part A program helps participating children acquire the knowledge and skills needed to meet challenging achievement standards.

We have an opportunity to participate in these services if we have eligible students. First, we must establish if we have eligible students to generate a funding level for services and then identify the students who may participate in the services.

* Students who live within the boundaries of a Title I, Part A-served public school are eligible to receive services.
* The level of services is determined by the number of students who live within the boundaries of a Title I, Part A-served public school **and** who are eligible for USDA Free and Reduced Meals programs, or whose families meet the criteria to qualify for the USDA program.

To identify this data, we need to collect information from you.

Please complete the enclosed family survey. Your answers will be strictly CONFIDENTIAL and to protect your confidentiality, names are not required. This information is very important, and it has the potential to help our children who may need additional instructional assistance.

Please return your family survey in the enclosed envelope marked with my name and “Confidential,” no later than *[insert date]*. Remember this information is CONFIDENTIAL.

Thank you for taking the time to complete and return this information. If you have any questions, do not hesitate to contact me at *[insert telephone number]* or *[insert email address].*

Thank you!

Sincerely,

Principal *[insert name]*

Enclosure

**Family Survey Form to Identify Title I, Part A Equitable Services**

**for the *[insert year]* School Year**

The purpose of this survey is to collect data that will be used to determine the amount of funds available for the public school district to provide Title I, Part A instructional services to eligible students in our school. The information requested is confidential. It is not necessary to provide your family name. **Thank you for your cooperation and prompt return of this form.**

Find your family size in the chart below. The original source from USDA can be found at [https://www.fns.usda.gov/cn/fr-021622](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fns.usda.gov%2Fcn%2Ffr-021622&data=05%7C01%7CJulie.Chace%40k12.wa.us%7Cc65e2cfe3ed24a70728b08daedc48a00%7Cb2fe5ccf10a546feae45a0267412af7a%7C0%7C0%7C638083725620971637%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=38DfIjEJq8G6XeKku8HpveYRNYPidbzb53BARLKUwY8%3D&reserved=0). If your **current income is at or below the amount in the column based on how you are currently paid and would not exceed the annual gross income,** then your family meets the criteria for your child or children to generate funds for Title I, Part A equitable services, if your address is located within the boundaries of a Title I, Part A-served public school.

*[Chart should be updated with data for the current year]*

| **Number of Family Members** | **Annual** Gross Income | **Monthly**(multiply by 12) | **Twice Per Month**(multiply by 24) | **Bi-Weekly or Every 2 Weeks**(multiply by 26) | **Weekly**(multiply by 52) |
| --- | --- | --- | --- | --- | --- |
| 1 | $22,311 | $1,860 | $930 | $859 | $430 |
| 2 | $30,044 | $2,504 | $1,252 | $1,156 | $578 |
| 3 | $37,777 | $3,149 | $1,575 | $1,453 | $727 |
| 4 | $45,510 | $3,793 | $1,897 | $1,751 | $876 |
| 5 | $53,243 | $4,437 | $2,219 | $2,048 | $1,024 |
| 6 | $60,976 | $5,082 | $2,541 | $2,346 | $1,173 |
| 7 | $68,709 | $5,726 | $2,863 | $2,643 | $1,322 |
| 8 | $76,442 | $6,371 | $3,186 | $2,941 | $1,471 |
|  |  |  |  |  |  |
| For each additional household member add  | $7,733 | $645 | $323 | $298 | $149 |

Is your family income less than the amount on the chart on the line beside your family size?

\_\_\_\_\_Yes \_\_\_\_\_No

Does your family qualify for food stamps?

\_\_\_\_\_Yes \_\_\_\_\_No

Are you receiving Temporary Assistance to Needy Families (TANF) Assistance?

\_\_\_\_\_Yes \_\_\_\_\_No

**Please provide the following:**

Family Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public School District in Which You Reside: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Levels of Your Children: \_\_\_\_\_\_\_\_\_\_ Number of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to: *[Insert name and contact information]*