

After School Challenge Program



KIDS' INVOLVEMENT NETWORK

North East Independent School District • Community Education
8750 Tesoro Drive, San Antonio, Texas 78217 (210) 407-0140
e-mail: kin@neisd.net

Dear Parents,

The Kids' Involvement Network (KIN) and the KIN After School Challenge Programs (KIN ASCP) provide after school enrichment activities and supervision for elementary and middle school students in a way that will improve their attitudes, grades, and behavior so they will be positive members of their school and community.

A portion of the funding for your child's after school program at a designated Challenge Site is provided by the City of San Antonio (COSA), Department of Human Services (DHS). The City of San Antonio requires a nominal sliding scale participation fee that is determined using the Federal Poverty Guidelines based on family income, family size, and number of children enrolled.

Registration for the KIN After School Challenge Program is a two-step process:

- 1. Register Online** - To register for the 2018-2019 school year, first login to your NEISD Parent Portal. Once signed-in to the Parent Portal, click on STUDENT INFORMATION located on the red banner at the top of the page. Next, click on the link on the left side of the page that reads KIDS' INVOLVEMENT NETWORK and then click the red LOGIN button to enter the KIN website. Click on ENROLL to register your child for the 2018-2019 KIN After School Challenge Program and remit payment for the \$25.00 registration fee per student. The registration fee(s) will be applied toward the appropriate annual participation fee once a completed *Application and Eligibility Certification for Services* form is received by the KIN office.
Please note, you will only see the ENROLL button if your KIN account balance is \$0.00. Computers are available for online registration at the KIN office located at 8750 Tesoro Dr., San Antonio, TX 78217 between the hours of 8:00 a.m. – 4:30 p.m., Monday – Friday.
- 2. Complete the *Application and Eligibility Certification for Services* form** found on page 3. In addition, you will also need to provide the KIN office with one of the following forms of support documentation to determine your annual participation fee for the After School Challenge Program:
 - Letter for Free / Reduced Lunch
 - 2017 Federal Income Tax Return
 - 2 most recent pay stubs
 - Unemployment verification
 - Copy of Certification Letter from TANF or SSI

The completed application and support documentation may be submitted to the KIN office in person at 8750 Tesoro Dr., San Antonio TX, 78217 or sent via fax to 210-657-8612. If no support documentation is provided, you will be assessed the appropriate maximum rate according to the *2018-2019 City of San Antonio After School Challenge Program Enrollment Fee Schedule* found on page 2. **If an application and payment are not received by the KIN office within 7 days of registration, your child may be withdrawn from the Program.**

Please do not hesitate to contact the KIN office at 210-407-0140 option 1 should you have any questions.

Sincerely,

Kids' Involvement Network

The KIN After School Challenge Program is sponsored in part by the City of San Antonio.



HUMAN SERVICES
CITY OF SAN ANTONIO



2018-2019 City of San Antonio After School Challenge Program Participation Fees
Fees are subject to change at the discretion of the City of San Antonio

Reduced Program Fee- Level 2		ASCP Annual Fee	ASCP Annual Fee	ASCP Annual Fee
Family Size	Annual Income	1 Child	2 Children	3 or more Children
2	\$30,044 or less	\$ 25 Total Fee	\$ 40 Total Fee	\$ 55 Total Fee
3	\$37,777 or less			
4	\$45,510 or less			
5	\$53,243 or less			
6	\$60,976 or less			
7	\$68,709 or less			
8	\$76,442 or less			
For each additional person add	\$7,733			
Full Program Fee- Level 1		ASCP Annual Fee	ASCP Annual Fee	ASCP Annual Fee
Family Size	Annual Income	1 Child	2 Children	3 or more Children
2	more than \$30,045	\$ 260 Total Fee	\$ 420 Total Fee	\$ 580 Total Fee
3	more than \$37,778			
4	more than \$45,511			
5	more than \$53,244			
6	more than \$60,977			
7	more than \$68,710			
8	more than \$76,443			
For each additional person add	\$7,733			

NO ADDITIONAL FEE FOR MORE THAN THREE (3) CHILDREN

Source: Federal Register <https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines>

APPLICATION AND ELIGIBILITY CERTIFICATION FOR SERVICES SOLICITUD DE SERVICIOS Y CERTIFICACION DE ELEGIBILIDAD

Please write firmly on document.

1. Date / Fecha	2. Residence Address (Street, City, State, ZIP) / Dirección de Residencia en Texas (Calle, Ciudad, Estado, Código)					3. County / Condado			
4. Mailing Address (if different) / Dirección Postal (si es diferente)									
5. Home Phone / Teléfono-Casa		6. Other Phone / Otro Teléfono		7. School District/ Distrito de Escuela NEISD		8. Number of family members including parents / Numero de miembros en la familia (Incluyendo adultos y niños)			
9. Name (Last, First, Middle) / Nombre (Apellido, Primero, Segundo)			10. Relationship to Applicant / Relación de el Appicante	11. Mark X for child in Program / Marca X niños En programa	12. Grade / Grado	13. School / Escuela	14. Date of birth / Fecha de nacimiento	15. SEX / Sexo	16. RACE / Raza
A.			Parent 1						
B.			Parent 2						
C.									
D.									
E.									
F.									
17. Number of Working Hours/ Numero de horas de trabajo: Mother/Mama: _____ Father/Papa: _____				18. Program Applying For/Solicitud de programa: _____X_____ After School Challenge Program/Programa After School Challenge _____ Summer Program/Programa de verano					
19. Number of College Hours Enrolled/ Numero de horas de colegio se matriculó: Mother/Mama: _____ Father/Papa: _____				20. Number of Workshop/Training/Continuing Education Hours/ Numero de horas de educacion de taller/formacion/continuacion: Mother/Mama: _____ Father/Papa: _____					

IMPORTANT: Be sure that you have answered each question correctly and completely. Do not leave any blanks.

I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am entitled to be notified about my eligibility. (3) services will be provided without regard to sex, race, creed, color, national origin, or disability; (4) the information on this application is confidential. I give permission to the City of San Antonio to contact a third party to verify income or family size.

I understand that by signing this form, I am applying for services for the After School Challenge Program or Summer Program. I understand that no refunds or prorated amounts are offered for these services. All information provided on the front side of this document represents a complete and accurate statement of my family's circumstances at the time of application.

IMPORTANTE: Antes de firmar esta solicitud, lea con mucho cuidado para asegurarse de haber contestado correctamente todas las preguntas.

Comprendo que: (1) si obtengo o trato de obtener, por medios fraudulentos, servicios a los cuales no tengo derecho, me expongo a cargos judiciales bajo leyes estatales y federales; (2) tengo derecho a recibir un aviso con respecto a mi elegibilidad para servicios. (3) los servicios serán provistos sin distinción de sexo, raza, credo, color, origen nacional, ni incapacidad; (4) la información que doy en esta solicitud será confidencial. Doy permiso al dela ciudad San Antonio con un tercero para verificar ingresos o el número de familia.

Comprendo que al firmar esta solicitud estoy pidiendo servicios de After School Challenge Program o Programa de Verano. Yo entiendo que no habrá devolución ni prorrateo de cantidad alguna por estos servicios. La información que se da en esta solicitud es una representación completa y verdadera de la situación actual de la familia del solicitante.

21. Signature-Applicant / Firma-Solicitante _____ Date / Fecha _____

Signature-Authorized Representative/ Firma-Representante Autorizado, Persona Responsable, o Testigo _____ Date / Fecha _____

Provider Identification Number: 74-6015301

Provider Name: North East ISD

Provider Phone Number: 210-407-0140

OFFICE USE ONLY
22. Household Annual Income \$ _____
23. Income Verification Documents: _____ Income Tax Other: _____
24. Sliding Scale Fee \$ _____
25. Receipt Number: _____

PARENTS: Save your copy of this document and the receipt as proof of payment and of your child's enrollment.

Original-Provider

Copy-Parent