

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 2019-2020 school year, first login to your NEISD Skyward Family Access Account. If you are a first time user, you will need to contact the NEISD Help Desk at 210.356.4357 to obtain your Skyward Family Access login credentials. 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
 - 2018 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 *2019-2020 City of San Antonio After School Challenge Program Enrollment Fee Schedule* found on page 2.

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
DEPARTMENT OF HUMAN SERVICES



2019-2020 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 | \$31,284 or less | \$ 25 Total Fee | \$ 40 Total Fee | \$ 55 Total Fee |
| 3 | \$39,461 or less | | | |
| 4 | \$47,638 or less | | | |
| 5 | \$55,815 or less | | | |
| 6 | \$63,992 or less | | | |
| 7 | \$72,169 or less | | | |
| 8 | \$80,346 or less | | | |
| For each additional person add | \$8,177 | | | |
| | | | | |
| 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 \$31,284 | \$ 260 Total Fee | \$ 420 Total Fee | \$ 580 Total Fee |
| 3 | more than \$39,461 | | | |
| 4 | more than \$47,638 | | | |
| 5 | more than \$55,815 | | | |
| 6 | more than \$63,992 | | | |
| 7 | more than \$72,169 | | | |
| 8 | more than \$80,346 | | | |
| For each additional person add | \$8,177 | | | |

NO ADDITIONAL FEE FOR MORE THAN THREE (3) CHILDREN

Source: Federal Register <https://www.federalregister.gov/documents/2019/02/01/2019-00621/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 Aplicante | 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