Student October At-Risk 2012 Resource Guide

Colorado Department of Education

Public School Finance Unit



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Overview

Each year all public school districts and facilities across the state of Colorado participate in the Student October Count data submission to the Colorado Department of Education (CDE). The purpose of this data collection is to obtain required student level data as provided for by state statute, including information regarding students' funding eligibility and lunch eligibility ("Free", "Reduced", or "Paid") as outlined in the Public School Finance Act of 1994 (22-54-101, C.R.S.). The Colorado Department of Education collects these data through the Automated Data Exchange (ADE) with the Information Management Services (IMS) unit of CDE overseeing the collection.

In an effort to ensure accurate reporting of those data fields associated with student and at-risk funding, the Audit Team of the Public School Finance Unit for the Colorado Department of Education conducts periodic compliance audits of each district's student October count data. The Audit Team audits districts every one to four years, the frequency of which is determined by a number of factors including, but not limited to, the size and location of the district, as well as issues or concerns that might have arisen from prior audits.

The purpose of this resource guide is to provide helpful information to assist districts in preparing for their *at-risk count audit*. With the emergence of new technology capabilities, it is recommended whenever possible that districts retain their audit documentation in electronic format.

At-Risk Count Funding

At-Risk funding for each district is determined by a number of factors, including the number of students reported as free lunch eligible in a given district's Student October Count data submission to the Colorado Department of Education. For purposes of the at-risk audit, districts must be prepared to provide documentation to support any funded student's free lunch eligibility status as reported in its Student October Count data submission. Acceptable documentation to support a student's free lunch eligibility includes:

- Application for Free and Reduced Price School Meals (for the applicable school year)
 - Prior Year "carryover" Application for Free and Reduced Price School Meals
- Family Economic Data Survey
- Direct Certification List
- Migrant, Homeless, and Runaway district lists

Application for Free and Reduced Price School Meals

If a student is deemed "Free lunch" eligible through the completion of an Application for Free and Reduced Price School Meals, the student may be reported as such in the district's Student October Count data submission. The district must ensure that the application is filled out correctly and completely, as well as processed accordingly by the district. Below are some guidelines for the at-risk funding audit as it relates to the 2012-2013 application.

- Part 1: This section should include a list of all students attending school in your district. All applicable fields in this section should be completed/checked for each student, including:
 - Foster Child Status
 - Student's First and Last Name
 - "No Income" flag (if applicable) if this field is left blank, then the student should appear in Part 4 of the application with the applicable income amount.
 - Homeless (checked indicates "Yes," blank indicates "No")
 - Migrant (checked indicates "Yes," blank indicates "No")
 - Runaway (checked indicates "Yes," blank indicates "No")
- Part 2: If the family qualifies for the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR), this section must be filled out completely by listing both the name of the household member receiving benefits and the case number. If either is missing and a student was flagged as free lunch eligible based on this criteria, the district's at-risk count may be adjusted.
- Part 3: Homeless, Migrant or Runaway: If an application is received with the H/M/R box checked the
 District must confirm this with the proper district official before the student can be approved for meal
 benefits.
- Part 4: This section should list all household members who were not included in Part 1, as well as any student included in Part 1 who did not have the "No Income" box checked (i.e., students who have income).
 - If the application does not have any student that has been flagged as a foster child, migrant, homeless, runaway, or a SNAP/FDPIR recipient, then the income listed in Part 4 will be used to determine whether the household income qualifies the student(s) listed for free lunch eligibility.
- Part 6: If Part 4 is completed, then this section must also be completed. The parent/guardian completing the form must sign and date the application. If income is included, the parent/guardian must also provide the last 4 digits of his/her social security number (or select "I do not have a Social Security Number" check box). If any of this required information is not complete, the district's at-risk count may be adjusted.
 - The application must be dated within 30 calendar days following the pupil enrollment count day.
 - Applications dated 31 days or more following the pupil enrollment count day will not be acceptable for verification of free lunch eligibility as it is reported in the Student October data submission.



- **District processing:** a district staff member must sign and date the application as well as indicate approval or denial for benefits.
- In the event an application is modified/changed by the district based on a household needing to change income information or household size, the district must document the change as follows:
 - Indicate the date of the call/contact; and
 - Provide the name of the household member requesting the changes; and
 - Note the information changed; and
 - Include the initials/signature of the district staff making the changes.

Carryover Applications

Absent a current year application, the district may submit the student's approved free lunch application from the prior year that is effective for a maximum of 30 <u>school</u> days into the current school year.

Family Economic Data Survey

A student may be reported as free-lunch eligible in the Student October data submission if he/she has a current year Family Economic Data Survey that has been approved within 30 <u>calendar</u> days following the pupil enrollment count day. This form can be used by schools that are not participating in the Federal National School Lunch or School Breakfast programs. For purposes of the at-risk count audit, the Family Economic Data Survey:

- Must be signed and dated by an adult member of the household (electronic signatures are not permitted).
- Must include the names of <u>all</u> household members, including the name(s) of the child(ren) for whom the application is made.
- Must include gross income for all household members who work.
- If a student is a foster child, please check the box for "Foster Child" in Section 1 for that particular child. (Foster children are the children who are the legal responsibility of a welfare agency or court.)
- School district personnel should not alter any information on the survey. If there is a change to the family's gross income, the district should obtain a new survey or attach a pay stub that contains the family gross income and is dated appropriate to the applicable Student October Count.
- Surveys dated 31 days or more following the pupil enrollment count day will not be acceptable for verification of free lunch eligibility as it is reported in the Student October data submission.



Direct Certification

A student who qualifies to be on the direct certification match report, for the current school year, prior the pupil enrollment count day, is automatically eligible for free lunch. A copy of the official direct certification match report as of the pupil enrollment count day (or the alternative count date which includes the student's name) is required for audit if the student was reported as free lunch eligible in the Student October data submission, based on this documentation.

For those students who are not listed on the direct certification match report, but who reside or belong to the same household as student(s) who are listed on the direct certification match report, they may be reported as free lunch eligible in the Student October data submission if the following criteria have been met:

- The student(s) have been handwritten or added to the direct certification match report by the district.
- Next to the student's name, the district must indicate the date the student(s) were added, and the name of the sibling or student that is in the same household that is on the match report.
- The district representative adding the student must initial or sign the addition.
- The carryover status for the direct certification match report is the first 30 <u>school</u> days or until a new status is determined, whichever is first.

Migrant, Homeless and Runaway Students

If a student is identified as migrant, homeless or as a runaway, the student is automatically eligible for free lunch. These students may be reported as free-lunch eligible in the Student October data submission. The district must provide the following documentation:

Migrant Students:

District Migrant List: the student has been identified as "migrant" by the district's Migrant Education Program Director using guidelines established under Section 107 of the Child Nutrition and WIC Reauthorization Act of 2004, and is included on the district's Migrant List (the list must have been generated on or before 30 <u>calendar</u> days following the pupil enrollment count day, and dated appropriately).

Homeless/Runaway Students:

District Homeless/Runaway List: the student has been identified as "homeless" or "runaway" by the district's Homeless Liaison using guidelines established under McKinney-Vento Assistance Act, and is included on the district's Homeless/Runaway List (the list must have been generated on or before 30 <u>calendar</u> days following the pupil enrollment count day, and dated appropriately).

Reference CSBOE Rule 2254-R-6.00; 22-54-103 (1.5) (b) I-III, C.S.R.



Sample of the 2012-13 Application for Free and Reduced Meals Form

		plication for Free and used only if participating i								
Last Name(s) of Family Mailing Address, City, Zip Code Telephone Number										
INSTRUCTIONS: Using the instruction sheet p Part 1. Student Information. List all students attendir students that are the legal responsibility of a welfare agenc income please add the st	ng school in the district, provide	school and grade information NO INCOME, you MUST che	n. Check the foster child check the No Income box.	neck box	for all udent has	H: Hor M: Mig R: Rur	rant	t	Part 2. Supplemental Nutrition Assistance Program (SNAP)/Food Distribution Program on Indian Reservations (FDPIR):	
Foster Child Student Name: I	_ast, First		School Grade No Income					R	Provide the name and case number for the person who receives benefits.	
								(Enter information and skip to part 6) Name:		
								-	Case Number:	
									Part 3. Other Source Eligibility: If any child you are applying for is HOMELESS,	
									MIGRANT OR A RUNAWAY, check the appropriate box to the left and call [your school, homeless liaison, migrant	
Part 4. List all household members not listed above AND students with income. List all current gross income and check how often it was received. Part 5, MEDICAID AND/OR STATE										
	Name: Last, First No language Sample Sample					ent, Other			CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)	
	weekly	monthly bi-weekly \$weekly 2xlmonth monthly bi-weekly \$weekly 2xlmonth		onth S ekly onth S	we	weekly2ximonth monthly bi-weekly weekly2ximonth		nonth veekly nonth	The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the	
		monthly bi-weekly 2xlmonth		ekly	we	onfily bi-weekly eekly 2x/monfil onfily bi-weekly eekly 2x/monfil			above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility	
	monthly bi-weekly 2x/month monthly bi-weekly	monthly bi-weekly Sweekly 2xmonth monthly bi-weekly	monthly bi-we- \$weekly2x/monthly bi-we-	ekly onth S ekly	m	monthly bi-weekly weekly 2x/month monthly bi-weekly		veekly nonth veekly	for school meals. Your information WILL be shared unless you check the box below.	
	\$	\$weekly2ximonth	\$weekly \2x/mor	ekly onth S	weekly		veekly nonth	☐ Please do NOT share my information with the Medicaid		
Part 6. Signature and Social Security Number: (Adult	S	\$weekly2ximonth	\$weekly @ 2x/moi	onth S	w	eekly [2x/m	nonth	or SCHIP offices.	
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number (Last 4 digits only): XXX - XX - I do not have a Social Security Number or Last 4 digits only): XXX - XX - I do not have a Social Security Number or Last 4 digits only): XXX - XX - I do not have a Social Security Number or Last 4 digits only): XX - XX										

Annual Income Conversion: Weekly x 26; 2 Times per Month x 24; Monthly x 12 Total Income: Per Weekly Bi-Weekly, Month, Month, Month, Pear Household size: Eligibility: Free Reduced: Denied: Withdrawn Date: Withdrawn Date:										

Sample of the 2012-13 Family Economic Data Survey Form

				2012-2013 I	amily	Econo	mic Da	ıta Surv	ey					
Last Name(s) of Fan	ily			Mail	ing Addr	ess, City,	Zip Code				Telephone N	humber		
INSTRUCTIONS: Us	_	•					ne, and i	return the	application to the s	chool.				
Part 1. Student Information. Check the foster child of	List all stude neck box for	nts attending [Schoo all students that are t	l District Na the legal respo	me]; provide school and gr onsibility of a welfare agen	ade infon	mation. rt.			Student income; please; This is income		come information for al ived by the student onl			
Last Name,						Grade Foster Child		Earning deduction	gs from work before ns, or unemployment	Welfare, child support		Social Security and Other		
							Income		□ monthly □ bi-weekly □ weekly □ 2x/month \$.		monthly bi-weekly weekly 2x/month \$_	□ monthly □bi-weekly □ weekly □2x/month		
									□ monthly □ bi-weekly □ weekly □ 2x/month \$		monthly bi-weekly weekly 2x/month \$	□ monthly □bi-weekly . □ weekly □2x/month		
									□ monthly □ bi-weekly □ weekly □ 2x/month \$		monthly bi-weekly weekly 2x/month \$	monthly bi-weekly 2x/month		
									□ monthly □ bi-weekly □ weekly □ 2x/month \$		monthly bi-weekly weekly 2x/month \$	monthly bi-weekly		
									□ monthly □ bi-weekly □ weekly □ 2x/month \$		monthly bi-weekly weekly 2x/month \$	□ monthly □bi-weekly □ weekly □ 2x/month		
									monthly bi-weekly seekly 2x/month \$		monthly bi-weekly weekly 2x/month \$	monthly bi-weekly		
Name:art 4. List all household m	embers not		List	Case Number:all current gross incon					please continue to		e this application. Part 5. MEDICAI	efits as soon as possible, D AND/OR STATE		
isted above	No			-								ALTH INSURANCE IP)—The information		
Name	Income	Earnings from wo deductions, or une	mployment			Social Security		Other			provided in the application may be shared			
		\$ weekly	y□ bi-weekly □ 2x/month	monthly bi-v \$ weekly 2x/i	month \$_		weekly	onthly		2x/month	enrollment of children into the above			
			y □ bi-weekly □ 2x/month	monthly bi-v \$ weekly 2x/i				□bi-weekly □2x/month	monthly \$ weekly		programs. You are not required to consent the disclosure of this information; this will			
			y□ bi-weekly □ 2x/month	monthly bi-v weekly 2x/r				□bi-weekly □2x/month			affect your student	(s)' eligibility for school		
			y □ bi-weekly □ 2x/month					□bi-weekly □2x/month	monthly 1		meals. Your information WILL be shared unless y check the box below.			
			y □ bi-weekly □ 2x/month	□ monthly □ bi-v \$. □ weekly □ 2x/s				□bi-weekly □2x/month	monthly l					
		monthl	y Di-weekly	monthly bi-v weekly 2x/r	reekly		monthly [bi-weekly	monthly 1	bi-weekly		OT share my information licaid or SCHIP offices.		
Part 6. Signature (Adult An adult household memb I certify (promise) that all false information, I may b Sign here: X_	er must sig information prosecuted	n and date the app n on this applicati d.	on is true ar	•				chool offic	ials may verify (checi	k) the info	ormation. I understa	nd that if I purposely give		
	*****	*******	*****	*Do Not Write Be	low T	his Lin	e. Dist	rict Use	Only.*****	*****	*******	*		
Total Income:	Catego:	Week, □ Bi-W rical Eligibility:	eekly, 🗆 2	nversion: Weekly x 5 x/Month, □ Month, □ _Temporary Free:	Year	Househ	old size:		_Eligibility: Free	Red	luced: Denie	d:		

Appendix C

2012 Audit Documentation Check List (At-Risk)

Below is a list of documentation each district must be prepared to provide at the start of their audit. It is recommended that this documentation be pulled together and reviewed by the district prior to accepting their Student October Count file submitted through the Automated Data Exchange (ADE). Please note that this is not intended to be an exhaustive list of all possible documentation.

Nec	essary Documents for all Students	Page Reference
	Application(s) for Free and Reduced Price School Meals Prior year "carryover" application(s), if applicable Note: Applications are required for <u>only</u> students who are identified as free lunch eligible	4-5
	FEDS Form(s) (if applicable)	5
	Official Direct Certification Match Report	6
	Migrant/Homeless/Runaway Reports District Migrant List Homeless/Runaway List	4, 6
	Note: Students must appear on one of these lists for the current school year in order for them to be report free-lunch eligible in the Student October data submission regardless of whether they are noted as such a Application for Free and Reduced Price School Meals. Failure to provide these lists may result in the adjust the district's at-risk count.	on the

Appendix D

Audit Team Contact Information

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It is recommended that courier services such as FedEx and UPS be used for items sent to the Audit Team Office.

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You may also send questions to: Audit Team (audit@cde.state.co.us) or Kirk Weber (weber_k@cde.state.co.us)