

Requirements for Table 1 – Children with Disabilities (CWD / ESE)

Please make sure that the highlighted sections are filled out completely but note that only one of the two *PARENT/GUARDIAN EMPLOYMENT INFORMATION* sections needs to be filled out for eligibility.

MONROE COUNTY SCHOOL DISTRICT OF FLORIDA					
IMPACT AID PROGRAM SURVEY FORM – OCTOBER 19, 2015					
All boxes <i>must</i> be filled in with complete information, if applicable.					
STUDENT INFORMATION					
Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Home Address		City		State	Zip Code
If the home address listed above is located on public housing or federal property, please circle which one below:					
<ul style="list-style-type: none"> • Fort Village • George Allen • NAS Boca Chica 		<ul style="list-style-type: none"> • NAS Truman Annex • NAS Trumbo Point • National Key Deer Refuge 		<ul style="list-style-type: none"> • Navy Branch Medical Clinic • New Port Village • Poinciana Plaza • Porter Place • Robert Gabriel • Sigsbee Park 	
If the property is not listed above, please fill it in here: _____					
PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN					
Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States <i>but</i> either parent/guardian was employed on federal property or 2) either parent/guardian reported to work on federal property <i>on the above survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record.					
Last Name	First Name	M.I.	Name of Employer		
Address of Employer		City		State	Zip Code
Name of Federal Property					
Address of Federal Property (even if same as Address of Employer)		City		State	Zip Code
Please circle the federal property the parent/guardian was employed on or reported to work on below:					
<ul style="list-style-type: none"> • Cudjoe Aerostation • Key West Federal Building • Key West Housing Authority 		<ul style="list-style-type: none"> • NAS Boca Chica • NAS Truman Annex • NAS Trumbo Point 		<ul style="list-style-type: none"> • National Key Deer Refuge • Navy Branch Medical Clinic • Naval Pumping • Sigsbee Park • U.S. Postal Service 	
If the property is not listed above, please fill it in here: _____					
PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES					
Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the above survey date. (If active Reserve or National Guard member, please provide a copy of orders.)					
Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)	
PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY					
Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official <i>and</i> a foreign military officer on the above survey date.					
Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)	
Name of Foreign Government					
This information is basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII 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 must be signed and dated for your school district to receive funds based on this information.					
By signing this form, I am certifying that all written information on this form is accurate and complete as of October 19, 2015.					
→ SIGNATURE OF PARENT/GUARDIAN: _____ → DATE: _____					

Requirements for Table 2 – Children with Disabilities (CWD / ESE)

Please make sure that the highlighted sections are filled out completely but note that only one of the two *PARENT/GUARDIAN EMPLOYMENT INFORMATION* sections needs to be filled out for eligibility.

MONROE COUNTY SCHOOL DISTRICT OF FLORIDA					
IMPACT AID PROGRAM SURVEY FORM – OCTOBER 19, 2015					
All boxes <i>must</i> be filled in with complete information, if applicable.					
STUDENT INFORMATION					
Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Home Address		City		State	Zip Code
If the home address listed above is located on public housing or federal property, please circle which one below:					
<ul style="list-style-type: none"> • Fort Village • George Allen • NAS Boca Chica 		<ul style="list-style-type: none"> • NAS Truman Annex • NAS Trumbo Point • National Key Deer Refuge 		<ul style="list-style-type: none"> • Navy Branch Medical Clinic • New Port Village • Poinciana Plaza • Porter Place • Robert Gabriel • Sigsbee Park 	
If the property is not listed above, please fill it in here: _____					
PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN					
Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States <i>but</i> either parent/guardian was employed on federal property or 2) either parent/guardian reported to work on federal property <i>on the above survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record.					
Last Name	First Name	M.I.	Name of Employer		
Address of Employer		City		State	Zip Code
Name of Federal Property					
Address of Federal Property (even if same as Address of Employer)		City		State	Zip Code
Please circle the federal property the parent/guardian was employed on or reported to work on below:					
<ul style="list-style-type: none"> • Cudjoe Aerostation • Key West Federal Building • Key West Housing Authority 		<ul style="list-style-type: none"> • NAS Boca Chica • NAS Truman Annex • NAS Trumbo Point 		<ul style="list-style-type: none"> • National Key Deer Refuge • Navy Branch Medical Clinic • Naval Pumping • Sigsbee Park • U.S. Postal Service 	
If the property is not listed above, please fill it in here: _____					
PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES					
Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the above survey date. (If active Reserve or National Guard member, please provide a copy of orders.)					
Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)	
PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY					
Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official <i>and</i> a foreign military officer on the above survey date.					
Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)	
Name of Foreign Government					
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By signing this form, I am certifying that all written information on this form is accurate and complete as of October 19, 2015.					
→ SIGNATURE OF PARENT/GUARDIAN: _____			→ DATE: _____		

Requirements for Table 3 – Reside on Federal Property

Please make sure that the highlighted sections are filled out completely but note that only one of the three *PARENT/GUARDIAN EMPLOYMENT INFORMATION* sections needs to be filled out for eligibility.

MONROE COUNTY SCHOOL DISTRICT OF FLORIDA
IMPACT AID PROGRAM SURVEY FORM – OCTOBER 19, 2015

All boxes *must* be filled in with complete information, if applicable.

STUDENT INFORMATION

Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Home Address			City		State Zip Code

If the home address listed above is located on public housing or federal property, please circle which one below:

• Fort Village	• NAS Truman Annex	• Navy Branch Medical Clinic	• Porter Place
• George Allen	• NAS Trumbo Point	• New Port Village	• Robert Gabriel
• NAS Boca Chica	• National Key Deer Refuge	• Poinciana Plaza	• Sigsbee Park

If the property is not listed above, please fill it in here: _____

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN
Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *but* either parent/guardian was employed on federal property or 2) either parent/guardian reported to work on federal property *on the above survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Last Name	First Name	M.I.	Name of Employer		
Address of Employer			City		State Zip Code
Name of Federal Property					
Address of Federal Property (even if same as Address of Employer)			City		State Zip Code

Please circle the federal property the parent/guardian was employed on or reported to work on below:

• Cudjoe Aerostation	• NAS Boca Chica	• National Key Deer Refuge	• Sigsbee Park
• Key West Federal Building	• NAS Truman Annex	• Navy Branch Medical Clinic	• U.S. Postal Service
• Key West Housing Authority	• NAS Trumbo Point	• Naval Pumping	

If the property is not listed above, please fill it in here: _____

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES
Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the above survey date. (If active Reserve or National Guard member, please provide a copy of orders.)

Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)
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PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY
Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official *and* a foreign military officer on the above survey date.

Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)
Name of Foreign Government				

This information is basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII 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 must be signed and dated for your school district to receive funds based on this information.

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→ SIGNATURE OF PARENT/GUARDIAN: _____ → DATE: _____

Requirements for Table 4 – Reside on Federal Property / Parent Not Employed on Federal Property

Please make sure that the highlighted sections are filled out completely.

**MONROE COUNTY SCHOOL DISTRICT OF FLORIDA
IMPACT AID PROGRAM SURVEY FORM – OCTOBER 19, 2015**

All boxes *must* be filled in with complete information, if applicable.

STUDENT INFORMATION

Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Home Address			City	State	Zip Code
If the home address listed above is located on public housing or federal property, please circle which one below: <ul style="list-style-type: none"> • Fort Village • George Allen • NAS Boca Chica • NAS Truman Annex • NAS Trumbo Point • National Key Deer Refuge • Navy Branch Medical Clinic • New Port Village • Poinciana Plaza • Porter Place • Robert Gabriel • Sigsbee Park If the property is not listed above, please fill it in here: _____					

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *but* either parent/guardian was employed on federal property or 2) either parent/guardian reported to work on federal property *on the above survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Last Name	First Name	M.I.	Name of Employer		
Address of Employer			City	State	Zip Code
Name of Federal Property					
Address of Federal Property (even if same as Address of Employer)			City	State	Zip Code
Please circle the federal property the parent/guardian was employed on or reported to work on below: <ul style="list-style-type: none"> • Cudjoe Aerostation • Key West Federal Building • Key West Housing Authority • NAS Boca Chica • NAS Truman Annex • NAS Trumbo Point • National Key Deer Refuge • Navy Branch Medical Clinic • Naval Pumping • Sigsbee Park • U.S. Postal Service If the property is not listed above, please fill it in here: _____					

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the above survey date. (If active Reserve or National Guard member, please provide a copy of orders.)

Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)
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PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official *and* a foreign military officer on the above survey date.

Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)
Name of Foreign Government				

This information is basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII 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 must be signed and dated for your school district to receive funds based on this information.

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→ SIGNATURE OF PARENT/GUARDIAN: _____ → DATE: _____

Requirements for Table 5 – Did Not Reside on Federal Property / Parent Employed on Federal Property

Please make sure that the highlighted sections are filled out completely but note that only one of the three *PARENT/GUARDIAN EMPLOYMENT INFORMATION* sections needs to be filled out for eligibility.

MONROE COUNTY SCHOOL DISTRICT OF FLORIDA					
IMPACT AID PROGRAM SURVEY FORM – OCTOBER 19, 2015					
All boxes <i>must</i> be filled in with complete information, if applicable.					
STUDENT INFORMATION					
Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Home Address			City	State	Zip Code
If the home address listed above is located on public housing or federal property, please circle which one below:					
<ul style="list-style-type: none"> • Fort Village • George Allen • NAS Boca Chica 		<ul style="list-style-type: none"> • NAS Truman Annex • NAS Trumbo Point • National Key Deer Refuge 		<ul style="list-style-type: none"> • Navy Branch Medical Clinic • New Port Village • Poinciana Plaza • Porter Place • Robert Gabriel • Sigsbee Park 	
If the property is not listed above, please fill it in here: _____					
PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN					
Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States <i>but</i> either parent/guardian was employed on federal property or 2) either parent/guardian reported to work on federal property <i>on the above survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record.					
Last Name	First Name	M.I.	Name of Employer		
Address of Employer			City	State	Zip Code
Name of Federal Property					
Address of Federal Property (even if same as Address of Employer)			City	State	Zip Code
Please circle the federal property the parent/guardian was employed on or reported to work on below:					
<ul style="list-style-type: none"> • Cudjoe Aerostation • Key West Federal Building • Key West Housing Authority 		<ul style="list-style-type: none"> • NAS Boca Chica • NAS Truman Annex • NAS Trumbo Point 		<ul style="list-style-type: none"> • National Key Deer Refuge • Navy Branch Medical Clinic • Naval Pumping • Sigsbee Park • U.S. Postal Service 	
If the property is not listed above, please fill it in here: _____					
PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES					
Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the above survey date. (If active Reserve or National Guard member, please provide a copy of orders.)					
Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)	
PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY					
Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official <i>and</i> a foreign military officer on the above survey date.					
Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)	
Name of Foreign Government					
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→ SIGNATURE OF PARENT/GUARDIAN: _____			→ DATE: _____		

Requirements for Table 6 – Others

Please make sure that the highlighted sections are filled out completely.

MONROE COUNTY SCHOOL DISTRICT OF FLORIDA IMPACT AID PROGRAM SURVEY FORM – OCTOBER 19, 2015

All boxes *must* be filled in with complete information, if applicable.

STUDENT INFORMATION

Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Home Address		City		State	Zip Code
If the home address listed above is located on public housing or federal property, please circle which one below: <ul style="list-style-type: none"> <li style="width: 25%;"><input type="checkbox"/> Fort Village <li style="width: 25%;"><input type="checkbox"/> NAS Truman Annex <li style="width: 25%;"><input type="checkbox"/> Navy Branch Medical Clinic <li style="width: 25%;"><input type="checkbox"/> Porter Place <li style="width: 25%;"><input type="checkbox"/> George Allen <li style="width: 25%;"><input type="checkbox"/> NAS Trumbo Point <li style="width: 25%;"><input type="checkbox"/> New Port Village <li style="width: 25%;"><input type="checkbox"/> Robert Gabriel <li style="width: 25%;"><input type="checkbox"/> NAS Boca Chica <li style="width: 25%;"><input type="checkbox"/> National Key Deer Refuge <li style="width: 25%;"><input type="checkbox"/> Poinciana Plaza <li style="width: 25%;"><input type="checkbox"/> Sigsbee Park If the property is not listed above, please fill it in here: _____					

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *but* either parent/guardian was employed on federal property or 2) either parent/guardian reported to work on federal property *on the above survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Last Name	First Name	M.I.	Name of Employer		
Address of Employer		City		State	Zip Code
Name of Federal Property					
Address of Federal Property (even if same as Address of Employer)		City		State	Zip Code
Please circle the federal property the parent/guardian was employed on or reported to work on below: <ul style="list-style-type: none"> <li style="width: 25%;"><input type="checkbox"/> Cudjoe Aerostation <li style="width: 25%;"><input type="checkbox"/> NAS Boca Chica <li style="width: 25%;"><input type="checkbox"/> National Key Deer Refuge <li style="width: 25%;"><input type="checkbox"/> Sigsbee Park <li style="width: 25%;"><input type="checkbox"/> Key West Federal Building <li style="width: 25%;"><input type="checkbox"/> NAS Truman Annex <li style="width: 25%;"><input type="checkbox"/> Navy Branch Medical Clinic <li style="width: 25%;"><input type="checkbox"/> U.S. Postal Service <li style="width: 25%;"><input type="checkbox"/> Key West Housing Authority <li style="width: 25%;"><input type="checkbox"/> NAS Trumbo Point <li style="width: 25%;"><input type="checkbox"/> Naval Pumping If the property is not listed above, please fill it in here: _____					

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the above survey date. (If active Reserve or National Guard member, please provide a copy of orders.)

Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)
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PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official *and* a foreign military officer on the above survey date.

Last Name	First Name	M.I.	Branch of Service	Rate/Rank (ex. SPG/E-8)
Name of Foreign Government				

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By signing this form, I am certifying that all written information on this form is accurate and complete as of October 19, 2015.

→ SIGNATURE OF PARENT/GUARDIAN: _____ → DATE: _____