

**Kinnikinnick CCSD No. 131
Financial Eligibility Criteria**

This form is requested for data needed to support Ledgewood's existing preschool program. This program is currently funded through a federal grant. Please complete as much of the form as you are comfortable submitting to the district.

Child's Name: _____ DOB: _____

Number of people in the household: _____

Siblings (within the District):

Sibling's Name	Grade Level

Gross income (all sources): _____ (Circle one: *WEEKLY BIWEEKLY MONTHLY YEARLY*)

Please check any of the resources below that your child or family receives:

- TANF benefits / Case ID: _____
- SNAP benefits / Case ID: _____
- Foster child
- Homeless
- WIC
- SSI
- DSCC
- Insurance (Medicaid, Medicare, or KidCare)