

Impact Aid Program Survey Form

The survey date is Friday, September 17, 2021

The T ASD receives federal funds for students who reside on Native American lands, military bases, low-rent housing properties and other federal properties, or who have parents in the uniformed services (active duty) or employed on eligible federal properties. Please indicate below any area applicable to you and your family. Please complete a second form if there is not enough room to list all of your children.

☐ Please check here if **NOT APPLICABLE** and return to school Office.

Student(s) Information:

Last Name	First Name	M.I.	Date of Birth	Grade	Name of School
Last Name	First Name	M.I.	Date of Birth	Grade	Name of School
Last Name	First Name	M.I.	Date of Birth	Grade	Name of School
Last Name	First Name	M.I.	Date of Birth	Grade	Name of School
Last Name	First Name	M.I.	Date of Birth	Grade	Name of School
Last Name	First Name	M.I.	Date of Birth	Grade	Name of School
Complete Address (No P.O. Boxes)			City	State	Zip Code

If the above property is a federal property, enter the name of the property: _____

Parent/Guardian Employment Information: Civilian

Complete if parent/guardian with whom the student resided was employed on federal property, either the parent/guardian reported to work on federal property on the survey date, and are not active duty.

Parent/Guardian's Last Name	First Name	M.I.	Name of Parent/Guardian's Employer
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Name of Federal Property:

- Fort McCoy (100 E. Headquarters Rd. Fort McCoy, WI 54656):** ☐ Dept. of Army ☐ DFAS ☐ DRMO ☐ Commissary ☐ Post Exchange
☐ State Patrol Academy ☐ Other: Contractor's Name: _____
- Volk Field Air National Guard Base (100 Independence Dr. Camp Douglas, WI 54618):** ☐ Volk Field ☐ USPFO ☐ Other: _____
- Tomah VA Medical Center (500 E. Veterans St. Tomah, WI 54660):** If employed by a contractor at the VAMC please list: _____
☐ VA Medical/OFF (working at the VA & living OFF VA property) ☐ VA Medical/ON (working & living on VA Property)
- Other:** ☐ Necedah National Wildlife Refuge (N11385 Headquarters R. Necedah, WI 54646) ☐ Oxford Correctional (350 Elk Ave Oxford, WI 53952)

Parent/Guardian Information: Active Duty Uniformed Services

Complete if parent/guardian was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name	M.I.
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Branch (check one): ☐ Air Force ☐ Navy ☐ Army ☐ Marine Corp ☐ Coast Guard

Rank (ex: SFC, SGT, MAJ...)

Parent/Guardian Information: Native American Lands/Other Trust Land

Parent/Guardian's Last Name	First Name	M.I.	Name of Parent/Guardian's Employer
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Complete Address where employed (No P.O. Boxes)

City

State

Zip Code

Resides on:

☐ Blue Wing (Epee, Eos, Epoch, Eop, and Epinal Streets) ☐ Other Trust Land

Employed on Trust Land:

- | | | |
|--|--|--|
| <input type="checkbox"/> Ahuco Headstart-Blue Wing | <input type="checkbox"/> HCN Gaming-Tomah | <input type="checkbox"/> HCN Health Care Center-BRF |
| <input type="checkbox"/> HHCD Maintenance Building-Blue Wing | <input type="checkbox"/> HCN Gaming-BRF | <input type="checkbox"/> HCN Executive Office Building-BRF |
| <input type="checkbox"/> Tribal Aging Unit-Blue Wing | <input type="checkbox"/> HCN Gaming-Nekoosa | <input type="checkbox"/> White Tail Crossing-Tomah |
| <input type="checkbox"/> HCN Language-Tomah | <input type="checkbox"/> HCN Gaming-WI Dells | <input type="checkbox"/> Other: _____ |

This information is the 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.

By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

Parent/Guardian Signature: _____

Date: _____