

ACCEPTABLE PROGRAMS METHOD

This packet contains instructions and the required Alternative Discount Method form for providing data using the Acceptable Programs Method.

The following programs measure family income level at or below 185% of the federal poverty guideline:

- Medicaid
- Food stamps
- Supplemental Security Income
- Federal public housing assistance or Section 8
- Low Income Home Energy Assistance Program

If you are using participation in any of the acceptable programs above to measure the poverty level of your students, a survey ascertaining program participation must be conducted. The following requirements apply:

- The survey must be sent to **all families** whose children attend the school.
- The survey must, at a minimum, contain the following information:
 - a. The name of the family
 - b. The address of the family
 - c. The name of each student
 - d. The grade level of each student
 - e. Determination of participation in the any of the approved programs listed above
- The survey must assure confidentiality.
- The survey must be **on school or school district letterhead**.

An example survey containing the minimum information required can be obtained in this file.

All surveys returned to your school must be kept for 10 years. Although only one completed survey must be submitted at this time, USAC may require all of the surveys at a later date.

Required Documentation:

1. The Alternative Discount Mechanism Form
 - The form must be fully completed.
 - The form must be printed **on school or school district letterhead**.
 - The form must be signed and dated **in blue ink** by either the superintendent or principal/director of the entity.
 - The **original copy** of the form must be submitted (photocopies or digital submissions are not acceptable).
2. A sample BLANK SURVEY **on school or school district letterhead**
3. A sample FILLED OUT SURVEY **on school or school district letterhead** with the student's personal information blacked out for confidentiality

Mail all required documentation to:
Networkmaine
ATTN: MSLN Enrollment
5752 Neville Hall, Rm 250
Orono, ME 04469-5752

Contact Networkmaine Toll Free at 1-888-367-6756 with any questions.

This sample form is not acceptable documentation and is only provided here as an illustration of the pre-enrollment process. For your form to be considered valid, you must enter enrollment numbers online before downloading an official form. Official forms must also be printed on letterhead and completed fully.

**NETWORKMAINE
ALTERNATIVE DISCOUNT MECHANISM
ACCEPTABLE PROGRAMS METHOD**

E-Rate discounts are based on National School Lunch Program participation data. This form asks schools that do not participate in NSLP to provide information which is used to calculate the federal E-Rate discount for MSLN members.

1. Name of entity		2. Entity Number	
3a. Street Address, P.O. Box or Route Number			
3b. City	3c. State	3d. Zip Code	

The entity listed above has established the eligibility of its students using a survey to determine the number of students whose family income is at or below 185% of the federal poverty guidelines.

4a. Date that the survey was conducted	4b. Number of families whose children attend the school
4c. Number of surveys sent out	4d. Number of surveys returned
4e. Number of students enrolled at the time of the survey	4f. Number of students determined to be eligible

For this form to be valid, both statements below must be certified by a person of authority.

5. I have attached a blank survey and a completed sample copy of the survey. I certify that survey documentation is kept on file for 10 years as required.
6. I certify that the provided allowable alternative discount mechanism eligibility data for this entity is true and correct. I certify that only those students who meet the Income Eligibility Guidelines of the National School Lunch Program have been included in the count of eligible students.

7. Signature of authorized person	8. Date
9. Printed name of authorized person	
10. Title or position of authorized person	

[use school / school district letterhead]

[Insert Date]

Dear Parents:

Through our membership in the Maine State Library Network (MSLN), our school is eligible to participate in the Federal E-Rate program and receive Internet access at no charge.

In order for our school to remain eligible, we must collect general information regarding the financial status of our students and their families. Financial status data is required under the E-Rate program to determine the discount percentage for telecommunications and Internet access services, and we must provide this information in order to complete the E-Rate application for our school.

Please take a minute to fill out and return the enclosed survey by [insert date] to:

[Insert Contact Person's Name]

[Insert Address]

Although returned surveys will be kept on file for 10 years, data that is collected will remain confidential and will not be used for any purpose other than E-Rate.

At least 50% of our students' families must participate in this survey to qualify for filing. Failure to reach this benchmark will result in our school losing our E-Rate funded Internet connection through MSLN. These services are worth over \$6000.00 annually.

Your participation in this survey is very important. Thank you for your assistance with this process.

Sincerely,

[Insert Name]

[Insert Title]

Income Survey for E-Rate Calculations

In order for our school to receive access to the Internet through the Maine State Library Network (MSLN), we must provide information regarding the financial status of our students and their families. Please complete and return the form below. In order for the survey to be considered a valid measure, it is important that you return this survey even if your income does not meet the eligibility guidelines. Although surveys will be kept on file for ten years, data that is collected will remain confidential and will not be used for any purpose other than E-Rate.

Record the requested information for your family household.	
Family Name	
Address (street address, city, state, zip)	
Total size of family (adults and children)	

Record the requested information for each child in your household in grades K through 12. Write on the back of the survey to list more than four children.				
	<i>Child #1</i>	<i>Child #2</i>	<i>Child #3</i>	<i>Child #4</i>
Name of child				
Grade of child				

Check any income measure below that is applicable to your family household.
<input type="checkbox"/> Eligible for medical assistance under Medicaid
<input type="checkbox"/> Eligible for food stamps
<input type="checkbox"/> Receives Supplemental Security Income (SSI)
<input type="checkbox"/> Receives federal public housing assistance or Section 8
<input type="checkbox"/> Receives assistance through the Low Income Home Energy Assistance Program (LIHEAP)

A. In the table below, first circle the number of household members in your family (including all children)	
B. Then check the box for the annual income for a household of your size if your family income is equal to or less than the listed income (185% of the federal poverty guidelines)	
<i>A. Number of Household Members</i>	<i>B. Annual Family Income</i>
1	<input type="checkbox"/> \$21,978
2	<input type="checkbox"/> \$29,637
3	<input type="checkbox"/> \$37,296
4	<input type="checkbox"/> \$44,955
5	<input type="checkbox"/> \$52,614
6	<input type="checkbox"/> \$60,273
7	<input type="checkbox"/> \$67,951
8	<input type="checkbox"/> \$75,647
9 or more	<input type="checkbox"/> add \$7,696 for each additional person

I certify that the information provided above is accurate, and I understand that the collected data will be confidential.

Date _____ Printed Name _____
 Signature _____