

EMMA Program Eligibility Guidelines

July 1, 2018 - June 30, 2019

EMMA

NAME OF THE MEMBER WHO RECEIVED

Student Name	Family	Marital	2 or More AD Members	2 or More AD Members Under 18	Marital
1	10,100	1,210	800	100	100
2	21,000	1,000	800	100	100
3	31,000	1,000	1,000	1,000	100
4	40,000	1,000	1,000	1,000	100
5	50,000	1,000	1,000	1,000	100
6	60,000	1,000	1,000	1,000	100
7	70,000	1,000	1,000	1,000	100
8	80,000	1,000	1,000	1,000	100
9	90,000	1,000	1,000	1,000	100
10	100,000	1,000	1,000	1,000	1,000

Family
Marital
Marital
Marital
Marital
Marital
Marital
Marital
Marital
Marital

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9	90,000	1,000	1,000	1,000	100
10	100,000	1,000	1,000	1,000	1,000

Family
Marital
Marital
Marital
Marital
Marital
Marital
Marital
Marital
Marital

Notes:

If all income is received on the same schedule
Example: income = \$100,000 (gross) + \$100,000 (gross)
EMMA will consider income

If family income is received on a bi-weekly basis, then use the bi-weekly
Example: income = \$100,000 (gross) + \$100,000 (gross)
Income EMMA will consider to be

Family Income = \$100,000
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EMMA will consider income received from each contributor

Updated May 2018

Guidelines to Determine Eligible Students

The Kansas Department of Education provides the following EMMA income guidelines for determining eligible students for the Kansas Learning Standards with programs based under the Kansas Learning Standards (KLETS).

Income family of a student is the current income, based on the student's EMMA Eligibility Guidelines.

Indicator 1



Indicator 2



Indicator 3



Full-time students of income with average and relative to the student's income, such as self-employment, welfare, social security, retirement benefits, unemployment compensation, student's temporary income, full-time independent income, income, EMMA is paid, parents, income is a family, only income, etc.

If your family receives, please complete the following information for each child:

Student Name	Family Income	Marital
_____	Student Income	_____
_____	Student Income	_____
_____	Student Income	_____
_____	Student Income	_____

I hereby certify that all the above information is true and correct.

Authorized Signature: _____ Date: _____

These income guidelines will be reviewed by the school or district and kept on file for a period of 3 years.