

Title I
(P.I. 100-297)

SURVEY OF CHILDREN IN LOCAL INSTITUTIONS

This form will be used to generate Title I funds for the 2009-2010 school year. The funds are based on eligible caseload population as set forth and defined by PDE in Section II.

This form is due December 15, 2008. Any form received after December 15, 2008 cannot be used to generate funds. This form must be notarized and attached to a documented caseload to be eligible for funding.

IMPORTANT: READ BEFORE COMPLETING FORM: Do not use this form for state-owned institutions, foster homes, facilities for day care only, or any facility not providing 24-hour residential care. Children in community living programs must not be included on this form. The PRIMARY purpose of the institution MUST be for the care of children who are considered to be neglected or delinquent, as defined by state law. Single Survey forms should be completed for each group home. In Section I - #1 you will list the name of the institution followed by the name of the facility.

SECTION I - IDENTIFICATION AND CLASSIFICATION DATA

1. Legal name and complete mailing address of Institution:

Name of Institution: _____
Street Address: _____
City or Town: _____ **State:** PA _____ **Zip Code:** _____
Contact Person: _____ **Phone Number:** _____

2. Name of school district in which institution is located. Single survey forms should be completed for each group home.

School District: _____
Street Address: _____
City or Town: _____ **State:** PA _____ **Zip Code:** _____

3. Legal name and complete mailing address of Facility:

Name of Facility: _____
Street Address: _____
City or Town: _____ **State:** PA _____ **Zip Code:** _____
Contact Person: _____ **Phone Number:** _____

4. **Type of Facility:**

- A. The bed capacity for this facility is: _____
B. (Check one only) Institution is: Private Public
C. Check only one below showing the classification of resident children under 24-hour care. If both are served, check the classification which is most prevalent or the one that describes the primary reason for existence of the institution:
I. Neglected: Children committed, or voluntarily placed under state laws due to abandonment by, or neglected by, or death of parents.
II. Delinquent: Children adjudicated delinquent or in need of supervision (includes children in adult correctional facilities).

5. Legal authorization for existence (show the authorization and the date of charter, incorporation, court order, DPW License, etc.): _____

SECTION II - CASE LOAD DATA

1. The caseload data shown in this section is for the 30 day window set by PDE. Since this is a statutory requirement, no adjustments can be made.
2. Show the total number of children under 24-hour care who resided in the facility during any portion of the period from October 31 to November 29, 2008. _____

3. Show the total number of the children from #2 who were, aged 5 through 17, for at least one day of the 30 day window. This number must match the attached caseload. _____
The child qualifies if he/she turns 18 after October 31th.
4. Please respond to the following questions concerning 5-17 year-old children shown in Item 3 above:
- A. Do the children reside at the address shown in Section I of this form? (Answer yes or no. If the answer is no, please attach an explanation to this sheet.) Yes No
 - B. Do any of the children reside in group homes belonging to the institution? (Answer yes or no. If the answer is no, please attach an explanation to the sheet.) Yes No
 - C. Do any of the children live in private homes even though they are legal wards of the institution? Private homes include those of paid or volunteer institution staff members, relatives, and any other person. (Answer yes or no. If the answer is *yes*, please attach an explanation to the form.) Yes No
 - D. Are any of the children classified as day care only? (Only the answer no is acceptable. If a "no" answer cannot be given, please adjust Items 2 and 3 of this section to exclude day care children.) Yes No
 - E. Are any of the children subject to unique living arrangements, not previously covered on this form, which might make their status as 24-hour institution residents a controversial issue? (Answer yes or no. If the answer is yes, please attach an explanation to this form.) Yes No

SECTION III – AFFIDAVIT BY CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION

As the chief administrative official of the facility shown in Section 1 of this form, I hereby certify to the Pennsylvania Department of Education that:

1. The primary purpose of the facility named in Section I is for the 24-hour care of resident children who are defined as neglected or delinquent in accordance with state law.
2. The information requirements, instructions and questions on this form are understandable and all responses, including attached explanations, if any, are based on documented fact. I am aware that this Survey Form may generate Federal funds. On behalf of the institution and facility I agree that erroneous data entered on this form by the Institution may result in an audit exception chargeable to the Institution.
3. I hereby certify that a non title I supported basic education program is available to all school-aged residents of the institution.
4. All caseload data in Section II of this form is supported by official records on file at the institution and it is agreed, if any federal funds are generated by this form, that authorized state and federal officials will be permitted access to appropriate records for Title I purposes.
5. Further, I certify that the attached list of residents, aged 5-17, inclusive, resided in the facility under 24-hour care for at least 1 day during the 30 day window, set forth by PDE, October 31 – November 29, 2008.

I CERTIFY that the information provided on this form and the attached caseload is, to the best of my knowledge, complete and accurate. A knowingly false claim on this report is a criminal offense under U.S. Code, Title 18, Section 1001 or Section 287.

SIGNATURE OF EXECUTIVE DIRECTOR	DATE SIGNED		
TYPED NAME AND TITLE	TELEPHONE		
	AREA CODE	NUMBER	EXTENSION

NOTARY
SEAL

Taken, sworn, and subscribed before me, this _____
day of _____

NOTARY
STAMP

SECTION IV – FOR DEPARTMENT OF EDUCATION USE

APPROVED – AUTHORIZED SIGNATURE	DATE	CASELOAD