Instructions for Parents/Guardians:

Completing the HIDOE Online Federal Impact Aid Survey SY 2020-2021

The Hawaii Department of Education (HIDOE) would like to extend its appreciation to the schools participating in HIDOE's pilot project of the online collection of Federal Impact Aid Survey data. This provides parents with the ability to complete the Federal Impact Aid Survey card through the Infinite Campus Parent Portal.

Beginning October 14, 2020, parents/guardians will log into the Infinite Campus Portal and complete the Impact Aid survey. Parents/Guardians are to respond to questions with a retroactive date of <u>October 14, 2020</u>. Please note that not all schools are participating in this online pilot project. Parents/guardians who have children at different schools that may not be participating in the online pilot project must complete paper surveys that are sent home via other schools. Federal funding is allocated on a per student basis.

Parents/Guardians will be able to submit their Federal Impact Aid Surveys online via Infinite Campus Parent Portal from October 14, 2020 through December 4, 2020. If you do not already have an Infinite Campus Parent Portal Account, please contact the school for access information and instructions. Access to the parent portal is also available via the Campus Parent mobile app for any Apple iOS or Android device. If you are unable to complete the online Federal Impact Aid Survey by December 4, 2020, please contact the school for a paper survey. For portal or survey questions, please contact the school.

Action	Caroonshot						
Action	Screenshot						
Action 1. Login to the Parent Portal If you have forgotten your Parent Username and/or Password, click on the Forgot Password and/or Password Username button. If you have never received your Parent Login and Password, please contact your school. If parents have separate accounts, but are in the same household, only one parent needs to complete	Screenshot Using your Parent Username and Password, log into the Campus Parent app on your mobile device or use a web browser and go to: https://hawaii.infinitecampus.org/campus/portal/parents/hawaii.jsp Hawaii Department of Login to Infinite Campus or Log In Log In						
only one parent needs to complete the online survey.	Log In Forgot Password? Forgot Username? Help						

Mahalo for your assistance in completing the Online Federal Impact Aid Survey!

2. Navigate and Click More	E Infinite						
	Message Center		Message Cent	Message Center			
	Today More		Announcement No Announcem	nents.			
3. The following screen will appear.	E Infinite Campus		_				
Registration	Message Center		More				
	More		Important Dates Online Registrat	ion			
4. The following screen will appear.	Infinite Contract Campus						
Please verify your	Online Registration						
child's name. Contact the school if any names are incorrect. Click Begin Registration to	Welcome to the Online F Questions, and Students Begin Registration button <u>Existing Students</u> Please continue if your	ederal Impact / . Please fill out n to begin. child was activel	Aid Survey. You will see t all required fields, and pr y enrolled on October 14, 2	he household and parent/g ess Submit when you reac 2020.	uardian, Federal Survey h the last screen. Press the		
continue.	Student	Grade	Included in	Reason if not	Online Registration		
		-	Yes	Included	No		
	and a second second	-	Yes	Included	No		
	Registration Year 20-2	1 ∨]*					

 5. The authorization screen will appear. Confirm your identity by typing your First and Last Name. Then click the Submit button. Also note your Application Number in the upper righthand corner. 	Infinite Confine Registration Welcome Aloha Parent! Please type in your first and last name in the box below. By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge. Aloha Parent Submit
6. Read the memo and click the button Click Here to Begin	Infinite Online Registration
	Dear Parent or Guardian: Please note: All information input should be as of the Survey date of October 14, 2020. Dear Parent or Guardian: Please take immediate action to complete the Impact Aid Program Survey Form with your information as of October 14, 2020. Every child in Hawaii benefits from federal Impact Aid funds. In School Year 2017-18, the average cost to educate a public school student in Hawaii was approximately \$14,987. However, the average reimbursement received for a federally-connected student was \$1,576 or 10.5 percent of the total cost. Hawaii taxpayers funded the remaining balance. Hawaii's Impact Aid funding is determined by the number of eligible parents/guardians who complete and return the survey form. In 2017-18, Hawaii's public schools benefited from more than \$40.3 million in federal Impact Aid, thanks to some 25,600 families who filed out their survey form. We need your continued support to complete and return the form! All parents should complete and return the form, not just military parents. In Hawaii, Impact Aid funding has offset costs for school materials and resources, substitute teachers, student transportation, school utilites (e.g., electricity), and other services at schools statewide. All students and all schools benefit form Impact Aid. Every form not returned means funds lost to Hawaii classrooms, including your child's. If you have any questions on how to fill out the form, please contact your child's school or call 808-564-6040 and ask for the Federal Survey Section. All information that you provide on the survey will be confidential and hard copies will be destroyed following federal guidelines. For more information on Impact Aid, please visit US Department of Education Federal Impact Aid. Thank you for supporting Hawaii's keiki and educators. Thank you for supporting Hawaii's keiki and educators. Thank you for supporting Hawaii's keiki and educators.
7. The Student(s) Primary Household - Primary Phone screen will appear. Verify your phone number and Click Next .	Infinite Output Registration * Indicates a required field • Student(s) Primary Household Perimary Phone (808) 555 Primary Phone Next + Home Address Save/Continue

8. The Student(s)	
Home Address will	Infinite Application Number 4196
annear	Registration
	*Indicates a required field
If your home address	Student(s) Primary Household
current contact	Primary Phone
school before	▼ Home Address
continuing.	Your address as listed in the portal
_	601 Kamokila Blvd Kapolei, H1 96707
Otherwise, Click the	The home address listed is no longer current
Save/Continue	
button.	
	Previous :
	Save/Continue
0 The Churchent(a)	
9. The Student(s)	
screen will appear	
server win appear.	Infinite
Parents/Guardians	Campus Online Registration
will be highlighted in	* Indicates a required field
yellow to indicate	
that person is	Student(s) Primary Household
missing required	
information.	Parent/Guardian
For EACH	
Parent/Guardian,	First Name Last Name Gender Completed Record Type
click the Edit/Review	F Existing Edit/Review
button for	Edit/Paviou
completion.	Existing Existing
	Please list all primary Parent/Guardians in this area.
	Yellow - Indicates that person is missing required information. Select the highlighted row to continue.
	muicates that person is completed.
	Back Save/Continue

10 The following	Infinite
Demographics screen	Registration
will appear.	* Indicates a required field
Enter the Birth Date	Student(s) Primary Household
of the Parent if	Parent/Guardian Name: Aloha Parent
missing.	▼ Demographics
	Enter the parent/quardian you wish to enter Please review and complete the following:
Click Next	First Name Aloba
	Middle Name
	Last Name Parent *
	Birth Date 01/01/2000 *
	Gender Female. Y *
	Please check this box if this person lives at the address listed below. 601 Kamokila Blvd Kapolei, HI 96707
	Next >
	Contact Information
	Instructions for Filling Out Impact Aid Form
	Federal Impact Aid Program Survey
	Cancel Save/Continue
11. The following	
Contact Information	Infinite C
screen will appear.	Campus Online Application Number 4196
Verify the phone	Registration
numbers and add	* Indicates a required field
email if applicable.	Student(s) Primary Household
If any information is	Parent/Guardian Name: Aloha Parent
incorrect, please	+ Demographics
contact the school.	* Contact Information
Click the Next button	At least one Phone Number is required.*
to continue.	Enter the contact information and how you'd prefer to receive the different types of messages we will send you.
	Cell Phone (808) \$55 - \$555
	Work Phone () - x
	Other Phone () ×
	Email Action (
	Has no e-mail
	Secondary Email
	* Previous Next +
	Instructions for Filling Out Impact Aid Form
	Federal Impact Aid Program Survey
	Cancel Save/Continue

12. The Instructions for Filling Out Impact	Infinite Campus Online Registration							
appear.	* Indicates a required field							
Review the	Student(s) Primary Household							
instructions and Click	Parent/Guardian Name:							
the Next button to	> Demographics							
continue.	Contact Information							
	▼ Instructions for Filling Out Impact Aid Form							
	HOW TO FILL YOUR IMPACT AID PROGRAM SURVEY FORM							
	<u>GENERAL:</u> 1. Information must be correct as of <u>October 14, 2020</u> . 2. Answer all required questions.							
	SURVEY QUESTIONS – Additional Instructions.							
	PARENT/GUARDIAN INFORMATION. Verify and/or modify demographic info displayed.							
	MILITARY STATUS: If the parent/guardian is with the Reserves or Guard and is "active" on the Survey date (i.e. Title 10), a copy of the orders must be uploaded.							
	FOREIGN GOVERNMENT: If the parent/guardian is an accredited foreign government official AND a foreign military officer then enter data fields: Name of Foreign Government, Branch of Service, Rank.							
	SHIP: If deployed on a ship, provide information. For example: U.S.S. Columbus, #SSN 762, Pearl Harbor, Navy							
	EMPLOYER STREET NUMBER AND NAME: Please use street number and name. Example: 45 Smith Circle. Do not use post office box and military unit							
	List of Elicibility Effects Maximum							
	Hodam / A Ferce Base Kanal /							
	HARV PROPERTIES Outside the first programmed and the first programmed							
	Previous Next >							

13. The Federal	*Indicates a required field
Impact Aid Program	Student(s) Primary Household
Cumulau anna an suill	
Survey screen will	Parent/Guardian Name:
appear.	Contact Information
	Instructions for Filling Out Impact Aid Form
Take your time and	Federal Impact Aid Program Survey
answer each	The survey date is October 14, 2020. All information must be accurate as of October 14, 2020. All boxes must be filled in
question carefully.	with complete information if applicable.
	*Required Fields Are you a member of the United States uniformed services (i.e. Military, Reserves, National Guard, NOAA)?
Click the	
Save/Continue	○ No
button when done.	Are you a member of a Fereign Military? (Nucl be beth according foreign government official and a foreign military officer)
	Yes Yes
All information must	O No
be accurately	Are you a civilian who lives on Federal property?
completed as of	○ Yee
October 14, 2020	O No
0000001 14, 2020.	
All fields on this page	Do you live in a Hawaii Public Housing rental unit?
are required	() Yes
ale lequileu.	○ No
Reneat stens 9-13 for	•
	Do you WORK on either a Federal property OR Hawaii Public Housing Property?
each	O Yes
Parent/Guardian.	○ No
	This information is the basis for navment to your school district of federal funds under the Impact Aid Drogram (Title VIII of the Eveny Student Succeede Act)
	and may be provided to the U.S. Department of Education if your school district's application for payment is audited.
	This form must be signed for your school district to receive funds based on this information. In this online survey, you will be able to sign electronically in
	the student section for each child.
	4 Previous
	Cancel Save/Continue
Note: If "National	*Indicates a required field
Guard (Title 10.	Student(s) Primary Household
orders attached)" or	Parent/Guardian Name:
"Deserve (Title 10	Demographics
Reserve (Title 10,	> Contact Information
orders attached)" is	Instructions for Filling Out Impact Aid Form Federal Impact Aid Program Survey
selected for Military	
Status, please upload	with complete information if applicable.
a copy of orders at	*Required Fields
the bottom of the	Are you a member of the United States uniformed services (i.e. Military, Reserves, National Guard, NOAA)?
	© res O No
page.	Branch of Service Army
	Rank E5: Sergeant V* Military Status as of October 14, 2020 Military Crute 10, orders site/deat/12/10
	Upload a copy of your Orders at the bottom of this page.
	De "we on Base?"
	and may be partment of Educate application for partment of Educate
	This form must be signed for your school district to receive funds based on this information. In this online survey, you will be able to sign electronically in the student section for each child.
	Please upload copy of Orders if "Title 10" is selected for Military Status.*
	opioad copy of Orders
	4 Desclarat
	1 PERMUS
	Cancel Save/Continue

14. The Student screen will appear	✓ Student(s) Primary Ho	usehold	✓ Parent/Gua	rdian	Student	Completed	
and highlighted in yellow indicating information needs to	Student							
be completed.	First Name	Last Name	Gender	School	Completed	Record Type		
						Existing	Edit/Review	
Click the	Please include	all students tha	t need to be	e enrolled.				
Edit/Review button	Yellow - Indic	ates that perso	n is missing	required information. S	elect the highlig	hted row to contin	ue.	
to continue.	 Indicates 	hat person is c	ompleted.					
	Back	Save/Continue						
15. Student -	🗸 Student(s)	Primary Hous	sehold	🗸 Parent/Guardiar	T Stud	ent 💦 🖉 Corr	pleted	
<i>Demographics screen</i> will appear.	Student Nam	e:						
	* Demographic	5						
verity the	There will be a	few steps for e	ach student y	you enter. The first is gen	eral demographic	information. Please	verify or add the informatio	n
the Next button to	below. Please your student I	update any infor has two last nam	mation that es, please er	is incorrect. Please enter nter both in the box mark	the student's nam ed "last name". Pl	ie exactly as it appe lease enter names v	ars on the birth certificate. I vithout a dash, okina, or kah	lf ako.
continue.	Legal First N	ame		* Gender	*	Enrollm	ent Grade	
If any information is	Middle Initia Legal Last N	ame		Birth Date		* Enrolled	1 School:	
incorrect, please	Suffix	\sim						
contact the school.								
	Next >							

16. The <i>Student -</i> Relationship screen will appear.	Registration								
Verify the	* Indicates a required field								
nformation.	Student(s) Primary Household								
The Contact	Student Name:								
Sequence is a	Demographics								
required field and	* Denographics								
order to proceed.									
Click the Next button	At least one person must be marked as 'Guardian'.*								
o continue.	Name Relationship* Guardian Mailing Portal Messenger Contact Sequence* or No Relationship								
	Aloha Parent Mother 🗸 🖬 🖬 🖬 🕼 1 🖌 🕴								
	Hawaii Parent Father V 🖬 🖬 🖬 🗐 2 V 1								
	Messenger - Marking this checkbox will flag this person to receive messages from the District's messenger system. Secondary Household - Marking this checkbox will indicate that the student has a secondary household membership with this person Contact Securer - Adding a sequence number on contacts will promot district staff to contact these persons in the								
	order that you specify. Parent/Guardians should start with a sequence of 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists. • Previous Next + Signature Cancel Save/Continue								
17. The <i>Signature</i>	order that you specify. Parent/Guardians should start with a sequence of 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists. <pre> </pre> <pre> </pre> <pre> </pre> Next * Signature Cancel Save/Continue								
17. The <i>Signature</i> screen will appear.	 order that you specify. Parent/Guardians should start with a sequence of 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists. Previous Next > Signature Signature Signature 								
17. The <i>Signature</i> screen will appear. Please sign in the box using your mouse or finger and click the Save/Continue putton.	 order that you specify. Parent/Guardians should start with a sequence of 1. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By will be ended if one exists. Previous Next >> Signature Signature Signature This information is the basis for payment to your school district of federal Succeeds Act), and may be provided to the U.S. Department of Education if your school district's application for payment is audited. This form must be information. By signing this form, 1 au certifying that all typed information. By signing this form, 1 au certifying that all typed information. By signing this form 1, 2002. 								
17. The <i>Signature</i> screen will appear. Please sign in the box using your mouse or finger and click the Save/Continue button.	order that you specify. Parent/Guardians should start with a sequence of J. No Relationship - Marking this checkbox will indicate that this person does not share a relationship to the student. By will be ended if one exists. • Signature • Signature • Signature • Signature This information is the basis for payment to your school district of federal Succeeds Acil, and may be provided to the U.S. Department of Education be signed for payment to your school district of federal Succeeds Acil, and may be provided to the U.S. Department of Education be signed for your school district to receive funds based on this personal to the school of the sch								
17. The <i>Signature</i> screen will appear. Please sign in the box using your mouse or inger and click the Save/Continue outton.	<pre>order that you specify. Parent/Guardians should start with a sequence of A feedationship - Marent/Guardians should start with a sequence of (e revice)</pre>								

18. The completed	🗸 Student(s) Primary Ho	usehold	✓ Parent	Guardian	Student	© Completed
appear.	Student						
If your child's name still appears in	First Name	l ast Name	Gender	School	Completed	Record Type	
yellow, please Edit/Review items	Thist Hume	Lust Hame	Gender	School	 ✓ 	Existing	Edit/Review
again. Repeat steps #14-18 for any of	Please include all students that need to be enrolled.						
your other listed children.	 Yellow - Indi ✓ - Indicates 	cates that person that person is c	n is missing ompleted.	required informat	ion. Select the highlig	nted row to contin	Je.
Save/Continue button to continue.	Back	Save/Continue					
19. The following	Infinite		aistratio				
<i>Completed</i> screen will appear.	*Indicates a	required field	gistratio	a			
Click the Application	V Studen	t(s) Primary	Househo	ld 🔰 🗸 Pa	rent/Guardian	Student	Completed
Review all							
accuracy. If there are errors. click	Click the "Application Summary PDF" link below. Review the summary for accuracy. If there are errors, please correct them BEFORE clicking "Submit".						
"Back" to make your corrections.		Submit			Ş		
Once all information	You must submit your application by clicking the SUBMIT button. An email notification will be sent to you. Thank you.						
has been verified, click Submit. Application Summary PDF							



Mahalo for completing the Federal Impact Aid Survey!