

Family Survey

2008 – 2009

Our school may be eligible for Federal and State funds and you can help us by answering a few brief questions. It is **ESSENTIAL** that we receive this information from each family. It is for statistical purposes only and **NO NAMES WILL EVER BE USED**.

Find your family size and the income level listed beside it on the chart printed below. **DO NOT** check or circle your income level.

Income Eligibility Guidelines For Free and Reduced Price Meals or Free Milk Effective July 1, 2008 to June 30, 2009								
Household Size	Reduced Price Meals				Free Meals			
	Annual	Monthly	Bi-Weekly	Weekly	Annual	Monthly	Bi-Weekly	Weekly
1	19,240	1,604	740	370	13,520	1,127	520	260
2	25,900	2,159	997	499	18,200	1,517	700	350
3	32,560	2,714	1,253	627	22,880	1,907	880	440
4	39,220	3,269	1,509	755	27,560	2,297	1,060	530
5	45,880	3,824	1,765	883	32,240	2,687	1,240	620
6	52,540	4,379	2,021	1,011	36,920	3,077	1,420	710
7	59,200	4,934	2,277	1,139	41,600	3,467	1,600	800
8	65,860	5,489	2,534	1,267	46,280	3,857	1,780	890
Each Additional Family Member	6,660	555	257	129	4,680	390	180	90

Please check YES or NO in each category:

A. Based on your family size is your annual income **less** than the amount listed? YES _____ NO _____

Is your family eligible for food stamps even though you may not be receiving them? YES _____ NO _____

B. Are you receiving assistance under the Aid To Families With Dependent Children Program?
(Public Assistance) YES _____ NO _____

C. Are any of your children eligible to receive medical assistance under the Medicaid Program?
YES _____ NO _____

NAME: _____

(Please Print)

ADDRESS: _____

Public School District in which you reside: _____

List names and grade level of your children in our school:

Name

Grade
