

FAMILY SURVEY

Persons in Family or Household Size	Annual Income
1	\$23,107
2	31,284
3	39,461
4	47,638
5	55,815
6	63,992
7	72,169
8	80,364
For each Additional Family Member Add	\$ 8,177
This may be a foster child, an emancipated youth, or a special education child over age 18	

Find your family size and the annual gross income level (at or below) listed beside it on the chart printed above.

Note: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

- | | YES | NO |
|--|--------------------------|--------------------------|
| A) Is your annual income less than this amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Is your family eligible for SNAP
(Supplemental Nutrition Assistance Program,
formerly food stamps)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Are you receiving TANF Cash Assistance?
(Formerly AFDC or Public Assistance) | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Are any of your children eligible to receive
medical assistance under the Medicaid
program? | <input type="checkbox"/> | <input type="checkbox"/> |
| E) We have not checked any of the above boxes because
we do not wish to share this information in writing. | <input type="checkbox"/> | |

Family Name (print): _____

Address: _____

Public school district in which you reside: _____

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