

**CONFIDENTIAL FAMILY SURVEY**

**SCHOOL ID #** \_\_\_\_\_

**FAMILY NUMBER** \_\_\_\_\_

**\*FAMILY SIZE:** \_\_\_\_\_ *\*Family Size = All adults and children living in household*

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**NAME OF PUBLIC SCHOOL DISTRICT IN WHICH FAMILY RESIDES:** \_\_\_\_\_

**NUMBER OF K-12 CHILDREN ONLY ENROLLED IN THIS SCHOOL ONLY:** \_\_\_\_\_

**LIST THE FIRST NAMES AND GRADES OF CHILDREN IN THIS SCHOOL ONLY:**

FIRST NAME	GRADE	FIRST NAME	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ANSWER EACH OF THE FOUR QUESTIONS BELOW:**

1. Is your family receiving food stamps? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you receiving public assistance/welfare funds under the TANF?  
(Temporary Assistance to Needy Families, formerly termed AFDC) YES \_\_\_\_\_ NO \_\_\_\_\_
3. Are any of your children listed above receiving medical assistance  
under the **MEDICAID** Program? YES \_\_\_\_\_ NO \_\_\_\_\_

**List the FIRST NAMES & GRADES of the children (in this school)\* receiving MEDICAID.**

FIRST NAME	GRADE	FIRST NAME	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please complete back page of survey**

**DATA COLLECTION FROM SY 2019 (For use to determine services for SY 2020 Services)**

4. On the chart below, circle your family size.  
Look at the **GROSS INCOME LEVELS** for your family size.

If the **GROSS INCOME** for the total number of people in your household is equal to or less than the income levels given, write **YES** in the last column.

FEDERAL INCOM ELIGIBILITY GUIDELINES FOR FREE/REDUCED PRICE MEALS Effective Date: July 1, 2019-June 30, 2020						
REDUCED MEALS ELIGIBILITY						Write " <b>Yes</b> " or ✓ If your income is <u>less than</u> the total amounts listed for your family size. <b>Leave Blank</b> If your income is <u>more than</u> the listed amount for your family size.
Family Size*	Annually	Monthly	Twice per Month	Every 2 Weeks	Weekly	
1	22,459	1872	936	864	432	
2	30,451	2538	1269	1172	586	
3	38,443	3204	1602	1479	740	
4	46,435	3870	1935	1786	893	
5	54,427	4536	2268	2094	1047	
6	62,419	5202	2601	2401	1201	
7	70,411	5868	2934	2709	1355	
8	78,403	6534	3267	3016	1508	
For each additional household member; add the amount to the right...	7992	666	333	308	154	

\*This may be a foster child, an emancipated youth or a special education child over the age of 16.

If your family has more than eight (8) members, please list **ANNUAL GROSS INCOME**:

\$ \_\_\_\_\_

*If you have questions or need assistance in completing this confidential family survey, please contact your school principal.*

**INCOMPLETE FORMS WILL NOT BE CONSIDERED VALID DATA**