CONFIDENTIAL FAMILY SURVEY

**SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART 1: FAMILY INFORMATION**

**FAMILY NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*FAMILY SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Assigned by School) \*Family Size = All adults and children living in household.**

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

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

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

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

**LIST THE FIRST NAMES AND GRADES OF CHILDREN KN-12 IN THIS SCHOOL ONLY \***

\*If you have children in multiple schools, use a separate form each school. Only one form per school.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME** |  | **GRADE** |  | **FIRST NAME** |  | **GRADE** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**PART 2: Eligibility for SNAP, TANF, or MEDICAID**

**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 only)\*** **receiving MEDICAID**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME** |  | **GRADE** |  | **FIRST NAME** |  | **GRADE** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**PART 3: Household Size and Income Eligibility**

On the chart below, find your household size and look at the **gross income levels** listed for your household

size. **Answer Questions 4-6.** “Household income is “gross income” – the total income prior taxes/insurance

being deducted. Household income is the combined total income of all income-earners residing at the

household and contributing to the household’s expenses.

|  |
| --- |
| **Income Eligibility – Free/Reduced Lunch Program (7/22-6/23)** |
| **Household Size\*** | **Annually** | **Monthly**  | **Twice per Month** | **Every 2 Weeks** | **Weekly** |
| 1 | 26,973 | 2248 | 1124 | 1038 | 519 |
| 2 | 36,482 | 3041 | 1521 | 1404 | 702 |
| 3 | 45,991 | 3833 | 1917 | 1769 | 885 |
| 4 | 55,500 | 4625 | 2313 | 2135 | 1068 |
| 5 | 65,009 | 5416 | 2709 | 2501 | 1251 |
| 6 | 74,518 | 6210 | 3105 | 2867 | 1434 |
| 7 | 84,027 | 7003 | 3502 | 3232 | 1616 |
| 8 | 95,536 | 7795 | 3898 | 3598 | 1799 |
| For each additional household member; add the amount to the right… | +9509 | +793 | +397 | +366 | +183 |

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

**4. For your Household Size, is your Household Income equal to or less than the amount shown?**

 **\_\_\_\_\_Yes, for our Household Size, our Household Income is equal to or less than the amount shown.**

 **\_\_\_\_\_No, for our Household Size, our Household Income is greater than the amount shown.**

5. For Household Size equal to or less than eight (8), please provide your annual gross income.

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

6. For Household Size greater than eight (8), please provide your 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***