

Family Survey 2016-2017

Our students are eligible for Federal and State programs, and you can help by answering a few brief questions. It is ESSENTIAL that we receive this information from every family. It is for statistical purposes only and NO NAMES WILL EVER BE USED. You do not have to participate in a school nutrition (lunch or milk) program to respond. All families should respond.

Federal Income Eligibility Guidelines For Free and Reduced Price Meals or Free Milk Effective July 1, 2015 to June 30, 2016
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"Reduced Price" Eligibility						"Free" Eligibility				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,775	1815	908	838	419	15,301	1,276	638	589	295
2	29,471	2,456	1,228	1,134	567	20,709	1,726	863	797	399
3	37,167	3,098	1,549	1,430	715	26,117	2,177	1,089	1,005	503
4	44,863	3,739	1,870	1,726	863	31,525	2,628	1,314	1,213	607
5	52,559	4,380	2,190	2,022	1,011	36,933	3,078	1,539	1,421	711
6	60,255	5,022	2,511	2,318	1,159	42,341	3,529	1,765	1,629	815
7	67,951	5,663	2,832	2,614	1,307	47,749	3,980	1,990	1,837	919
8	75,647	6,304	3,152	2,910	1,455	53,157	4,430	2,215	2,045	1,023
Each Additional Family Member	7,696	642	321	296	148	5,408	451	226	208	104

Directions:

1. Find your family size and the income level listed beside it on the chart printed above. DO NOT check or circle your income level. 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) WILL REMAIN ANONYMOUS IN COMPILING OUR SCHOOL'S DATA

ADDRESS: _____

Public School District in which you reside: _____

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

Name (WILL REMAIN ANONYMOUS IN COMPILING OUR SCHOOL'S DATA)

Grade
