

FAMILY SURVEY

Persons In Family or Household Size	Annual Income
1	\$21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,647
For each Additional Family Member Add	\$ 7,696
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?

- B)** Is your family eligible for SNAP (Supplemental Nutrition Assistance Program, formerly food stamps)?

- C)** Are you receiving TANF Cash Assistance? (Formerly AFDC or Public Assistance)?

- D)** Are any of your children eligible to receive medical assistance under the Medicaid program?

- E)** We have not checked any of the above boxes because we do not wish to share this information in writing

Family Name (print): _____

Address: _____

Public school district in which you reside _____

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