FAMILY SURVEY

A) **Find your family size and the annual gross income level listed beside it on the chart printed below.**

Family Size	Annual Income	
One *	$21,775	* This may be a foster child, an
Two	$29,471	emancipated youth, or a special
Three	$37,167	education child over age 18
Four	$44,883	
Five	$52,559	
Six	$60,255	
Seven	$67,951	
Eight	$75,647	
For each additional family member, add:	$7,696	

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.

Is your annual income less than this amount? Yes_____ No_____

Is your family eligible for food stamps? Yes_____ No_____

B) **Are you receiving TANF Cash Assistance? (Formerly AFDC or Public Assistance)** Yes_____ No_____

C) **Are any of your children eligible to receive medical assistance under the Medicaid program?** Yes_____ No_____

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

Family Name (print):_____

Address:_____

_____

Public school district in which you reside: _____

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

_____

_____

_____