

**FAMILY SURVEY
2019-2020**

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

Family Size	Annual Rate
1*	\$ 23,107
2	\$ 31,284
3	\$ 39,461
4	\$ 47,638
5	\$ 55,815
6	\$ 63,992
7	\$ 72,169
8	\$ 80,346
For each additional family member add	+\$ 8,177

*This may be a foster child, an emancipated youth, or a special education child over age 18.

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 equal to or 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 ___ No ___

Family Name (**print**): _____ # of family members _____

Address (home location not mailing): _____

Public school district in which you reside: _____

List your child(ren)'s **name(s)**, **grade level(s)**, and the public school **building(s)** the child(ren) would attend if you **had not chosen our school**.
