

## FAMILY SURVEY FORM SPRING 2015

The purpose of this survey is to collect data that will be used to determine the amount of funds available from the public school district to provide Title I services to eligible students in our school. Determining the number of our students, by public school district of residence, who would qualify for free and reduced-price meals, accomplishes this. The information requested below is confidential. It is not necessary to provide your family name. **Thank you for your cooperation and prompt return of this form.**

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

<b>Income Chart</b>			
Effective from July 1, 2014 to June 30, 2015			
Household Size	Annual	Month	Week
One	\$21,590	\$1,800	\$416
Two	\$29,101	\$2,426	\$560
Three	\$36,612	\$3,051	\$705
Four	\$44,123	\$3,677	\$849
Five	\$51,634	\$4,303	\$993
Six	\$59,145	\$4,929	\$1,138
Seven	\$66,656	\$5,555	\$1,282
Eight	\$74,167	\$6,181	\$1,427
For each additional family member, add	\$7,511	\$626	\$145

**B. Answer the following questions:**

Is your family income less than the amount on the chart on the line beside your family size?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

Is your family eligible for food stamps?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

Are you receiving Temporary Assistance to Needy Families (TANF) Assistance? (Formerly known as AFDC or Public Assistance)

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

**C. Please provide the following information:**

Address: \_\_\_\_\_

Public school attendance area in which you reside: \_\_\_\_\_

Current grade level(s) of your child(ren): \_\_\_\_\_

**This is a fillable PDF form. Please fill out this form on your computer, then print it and return to Leslie Martin (school guidance counselor). If you're having difficulties with this form, please contact Leslie at [lmartin@ctkschool.cdlex.org](mailto:lmartin@ctkschool.cdlex.org).**