

## FAMILY SURVEY 2009-2010

**Please Print**

**Child's Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

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

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Public School your child WOULD attend:** \_\_\_\_\_

A. Directions:

1. On the chart below, find your family size (family size is equal to the total number of parents and children).
2. Circle your family size.
3. Make an "X" under the YES column if your family income is less than or equal to the income level given opposite the number in your family.
4. Make an "X" under the NO column if your family income is more than the income level given opposite the number in your family.

### **FREE AND REDUCED LUNCH ELIGIBILITY CRITERIA**

FAMILY SIZE*	ANNUAL INCOME	YES	NO
1	\$20,036		
2	\$26,955		
3	\$33,874		
4	\$40,793		
5	\$47,712		
6	\$54,631		
7	\$61,550		
8	\$68,469		

\*This may be a foster child, an emancipated youth or a special education child over the age of 16.

\*If your family has more than eight members, add \$6,919 for each additional person \$ \_\_\_\_\_

B. Are you receiving assistance under the Aid to Families With Dependent Children Program?  
(Public Assistance) Yes \_\_\_\_\_ No \_\_\_\_\_

C. If your child eligible to receive medical assistance under the Medicaid Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

D. Is your family eligible for food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_