Let's Get E-Rate Funds for our School!''

PLEASE COMPLETE THE ATTACHED

 HOUSEHOLD SURVEY\*

We need everyone to return this survey in order for the survey to be considered valid.

THIS WILL HELP OUR SCHOOL GET $$$ FOR:

Telecommunications Internet Access Technology Maintenance

\*This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.

Survey Number: \_\_ [For School Use Only]

Your

E-Rate Household Survey Spring/Fall 20161

Please complete and return to the school office within two weeks.

Address: City ST .Zip \_

Circle your household size below,then answer the following questions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Household Size(Circle One) | Est. Annual Income(As Reported to IRS) | MonthlyIncome | If Paid Two times per mo. | If Paid EveryTwo Weeks | WeeklyIncome |
| 1 | $ 21,978 | $ 1,832 | $916 | $846 | $423 |
| 2 | 29,637 | 2,470 | 1,235 | 1,140 | 570 |
| 3 | 37,296 | 3,108 | 1,554 | 1,435 | 718 |
| 4 | 44,955 | 3,747 | 1,874 | 1,730 | 865 |
| 5 | 52,614 | 4,385 | 2,193 | 2,024 | 1,012 |
| 6 | 60,273 | 5,023 | 2,512 | 2,319 | 1,160 |
| 7 | 67,951 | 5,663 | 2,832 | 2,614 | 1,307 |
| 8 | 75,647 | 6,304 | 3,152 | 2,910 | 1,455 |
| Each add'l family member add: | 7,696 | 642 | 321 | 296 | 148 |

Is your income equal to or less than any of the amounts listed next to the number Y'OU circled?

Are your children eligible for free or reduced lunches, breakfasts, snacks

or milk at their school(§}-?'c-:---=----:--:-:-· Is your family eligible for the Supplemental

Nutrition Assistance Program (SNAP)-=--=-f=o::..o:::..d :::\_s:o.toa= m \_:\_:p.c\_=s'-?.- \_ Does your family qualify for medical assistance under Medicaid?

Is your familY' receiving\_fu!Qplementary Securityjrlcome (S)'-?-'- \_

Does your family receive housing assistance (section 8)? \_

Yes--- No--- Yes--- No Yes--- No---

Yes--- No---

Yes--- No Yes--- No

Does your familY' receive home energy assistancE;L(LIHEAP)?

 Yes--- No---

2. Please list all students in your household that attend school. (Enter the grade they will be entering in

Fall,2016. Write on back to list more than 5 students)

|  |  |  |
| --- | --- | --- |
| Name | Grade | School Attending in Fall 2016 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

3. Certification: I certify that the above information is,to the best of my knowledge,true and complete. Signed: \_ Date: \_

'Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2016 to June 30, 2017 (Federal Register/ Vol.81, No. 56/ Wednesday, March 23, 2016/ Notices, pg. 15501)