

EACH FAMILY SHOULD RETURN THE FOLLOWING FORM BY DECEMBER 21, 2016

1. Use the chart below to answer the following questions:

Is your family income less than the amount in Column A? Yes No

Is your family income less than the amount in Column B? Yes No

Household Size	A			B		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	\$15,444	\$1,287	\$297	\$21,978	\$1,832	\$423
2	\$20,826	\$1,736	\$401	\$29,637	\$2,470	\$570
3	\$26,208	\$2,184	\$504	\$37,296	\$3,108	\$718
4	\$31,590	\$2,633	\$608	\$44,955	\$3,747	\$865
5	\$36,933	\$3,081	\$711	\$52,614	\$4,385	\$1,012
6	\$42,354	\$3,530	\$815	\$60,273	\$5,023	\$1,160
7	\$47,749	\$3,980	\$919	\$67,951	\$5,663	\$1,307
8	\$53,157	\$4,430	\$1,023	\$75,647	\$6,304	\$1,455
For each additional family member, add	\$5,408	\$451	\$104	\$7,696	\$642	\$148

2. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program? Yes No

3. Are any of your children eligible to receive medical assistance under the Medicaid program? Yes No

4. What school and Grade(s) is/are your child(ren) in? *Be sure to list all students in your family.*

School Name: _____ Grade: _____

School Name: _____ Grade: _____

School Name: _____ Grade: _____

School Name: _____ Grade: _____

Home Address (Required. Please do not indicate a PO Box)

City _____ State _____ Zip _____

ALL QUESTIONS MUST BE ANSWERED COMPLETELY.

To protect your privacy, the student names below will be detached from this form once the school records that a family has returned the form.

Student(s) Name(s): _____
