

E-Rate Family Survey – 2017/2018

Please complete and return the survey below. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

(Please Print)

Family Name _____

Street Address _____

City _____ State _____ Zip _____

I. Please attempt to answer the questions listed below. Skip any questions you don't know the answer to.

Circle the number of people in your family on the chart below, including all children:

Family Size (circle one)	Annual Income	Monthly Income	Weekly Income
1	\$ 22,311	\$ 1,860	\$ 430
2	\$ 30,044	\$ 2,504	\$ 578
3	\$ 37,777	\$ 3,149	\$ 727
4	\$ 45,510	\$ 3,793	\$ 876
5	\$ 53,243	\$ 4,437	\$ 1,024
6	\$ 60,976	\$ 5,082	\$ 1,173
7	\$ 68,709	\$ 5,726	\$ 1,322
8	\$ 76,442	\$ 6,371	\$ 1,471
For each additional family member add	+ \$ 7,733	+ \$ 645	+ \$ 149

Please complete the back of this page also.

Is your family's income equal to or less than any of the amounts listed next to the number you circled? Yes ____ No ____

Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes ____ No ____

Is your family eligible for food stamps? Yes ____ No ____

Is your family eligible for medical assistance under Medicaid? Yes ____ No ____

Does your family receive Supplementary Security Income (SSI)? Yes ____ No ____

Does your family receive housing assistance (section 8)? Yes ____ No ____

Does your family receive home energy assistance (LIHEAP)? Yes ____ No ____

II. To validate this survey, please list the names of all school children living in your home, including which school they attend.

Name of Child	School	Grade
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____
_____	_____	____

Return completed survey to your Homeroom Teacher. Remember, the results of this survey will be kept confidential, you will have to contact.