

School District Letterhead
E-rate Family Survey – 2003/2004

Please complete and return the survey below. **Important: Even if your income does not meet these Income Eligibility Guidelines, you must return the survey in order for the district's survey to be considered a valid measure.** (Please Print)

Survey Number: **To be inserted by School in order to keep track of surveys.** _____

Street Address _____

City _____ State _____ Zip _____

I. **Find your family and annual gross income level on the chart below and circle the number of people in your family, including all children:**

Household Size	** Annual	Monthly	Weekly
1	\$ 16,391	\$ 1,366	\$ 316
2	22,089	1,841	425
3	27,787	2,316	535
4	33,485	2,791	644
5	39,183	3,266	754
6	44,881	3,741	864
7	50,579	4,215	973
8	56,277	4,690	1,083
Each add'l family member add:	5,698	475	110

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

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

Is your family receiving Temporary Assistance for Needy Families (TANF)? Yes _____ No _____

Does your family qualify for medical assistance under Medicaid? Yes _____ No _____

Is your family receiving 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. **If you answered yes to any of the preceding questions, please list the school and grade level for each child living in your home.**

<u>School</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____

Return completed survey to: **Your Name, SD Name, Address, City, State, Zip**
Call _____ at _____ if you have any questions.