

**TITLE ONE FAMILY SURVEY 2019**

*This form should be filled out only if your income is below the annual gross income charted below.*

This information is requested from parents who may qualify for Title One and other Federally-funded programs.

<b><u>FAMILY SIZE</u></b>	<b><u>ANNUAL GROSS INCOME</u></b>
<b>ONE*</b>	<b>\$ 15,448</b>
<b>TWO*</b>	<b>\$ 20,813</b>
<b>THREE*</b>	<b>\$ 26,178</b>
<b>FOUR*</b>	<b>\$ 31,543</b>
<b>FIVE*</b>	<b>\$ 36,908</b>
<b>SIX*</b>	<b>\$ 42,273</b>
<b>SEVEN*</b>	<b>\$ 47,638</b>
<b>EIGHT* **</b>	<b>\$ 53,003</b>

\*This may include a foster child, an emancipated youth or a special education child over age 18.

\*\*For each additional family member, add \$5,365.

Find your family size and the annual gross income level listed beside it on the chart printed above. Continue by answering the following question

1. Is your annual gross income less than this amount? Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is your family eligible to receive food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you a Temporary Assistance for Needy Families (TANF) household? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you have a foster child? Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER CRITERIA:**

- A. Are you receiving assistance under the Aid to Families with Dependent Children program (public assistance)? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Are any of your children eligible to receive medical assistance under the Medicaid program? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Are you eligible for Supplementary Security Income (SSI)? Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Are you eligible for federal public housing assistance or Section 8 (administered by the Department of Housing and Urban Development)? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Are you eligible for the Low-Income Home Energy Assistance Program (LIHEAP)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Family name** (please print): \_\_\_\_\_

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

**School District:** \_\_\_\_\_