

SCHOOL NAME

DATE

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**ARCHDIOCESE OF GALVESTON-HOUSTON
ANNUAL INCOME ELIGIBILITY PARENT SURVEY
2018-2019**

RETURN IN A SEALED ENVELOPE TO SCHOOL PRINCIPAL

Please complete and return the survey below. In order for this survey to be considered a valid measure, **the survey must be returned to the principal even if your income does not meet any of the criteria.** The purpose of this survey is to collect data that will be used to determine the school's federal funding allocation. Use the chart below to find your family size. Family size may include a foster child, an emancipated youth or a special education student over age 18. *If you are paid on a weekly or monthly basis, please multiply that amount by the number of weeks or months actually worked each year to determine your "Annual Gross Income."*

PLEASE CIRCLE HOUSEHOLD SIZE IN TABLE BELOW:

Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
1	\$21,775	\$1,815	\$908	\$838	\$419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	7,696	+642	+321	+296	+148

<i>Example:</i>	<i>Family Size</i>	<i>Annual Income</i>
	4	\$44,863
	8	\$75,647

Please circle your answer

1. If your family income is the same or less than the amount shown on the chart beside your family size, circle yes. YES NO
2. Is your family eligible for food stamps? YES NO
3. Are you receiving public assistance? Food stamps, or TANF (formerly AFDC) YES NO
4. Are any of your children eligible for the "Medicaid" program? YES NO
5. Are you receiving full scholarship based on need for your child/children? YES NO
6. Are you receiving free or reduced tuition for your child/children? YES NO
7. Does your family live in a housing project or have poor housing conditions? YES NO
8. Do you have an unusual financial burden? If yes, please explain: (If necessary use back of page) YES NO

FAMILY NAME (PRINT): _____

FAMILY ADDRESS: _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

List the name of all school age children living in your home, including which school they attend and their grade level.

NAME OF CHILD	NAME OF SCHOOL	GRADE LEVEL