

FAMILY INCOME ELIGIBILITY SURVEY

This document, to the extent possible, protects the identity of the family. The information gathered in this form can assist the school in a variety of ways; such as the Title I program, resources through E-rate, and other grants. **ONLY the name of a Parent and student(s) is optional, the rest of the fields MUST be filled out.** Please note: This form has been numbered to protect your privacy and any linking of this number to your family's name will be kept in strict confidence.

Family Code (assigned by the school): _____ Parent Name (Optional): _____

Address (required): _____ City (required): _____ Zip (required): _____

Date form Completed (required): _____ Phone (optional): _____

Name of Student(s) at this School (Optional)	Student Date of Birth(s) (Month/Day/Year) (Required)	Current Grade Level(s) (Required)

* Please add any additional children on the back of this form.

(REQUIRED) Circle your Household Size (all adults and children living in the household) on the left of the chart. Based on the Household Size, go across to the right and see the income listed by week or month for that Household Size. **For example, if you are a Household of 4, then the max level to be considered as low-income is \$988 per week/\$4279 per month. So, if your income is less than \$4,279 a month, then circle Yes to question 1.**

Household Size	Income Per Week*	Income Per Month*
1	\$484	\$2,096
2	\$652	\$2,823
3	\$820	\$3,551
4	\$988	\$4,279
5	\$1,156	\$5,006
6	\$1,324	\$5,734
7	\$1,492	\$6,462
8	\$1,659	\$7,189

*For each additional household member after 8, add \$168/week or \$728/month. (Gross Income)

*[USDA Income Eligibility Guidelines Effective 7/1/2022 to 6/30/2023 \(clickable link\)](https://www.fns.usda.gov/cn/fr-021622) - <https://www.fns.usda.gov/cn/fr-021622>

Directions: Answer each question by checking “Yes” or “No” (required)

- 1) Is your income LESS than the amount listed under weekly or monthly income? YES NO
- 2) Are you receiving assistance under CalWORKs? YES NO
- 3) Does your family participate in the CalFresh Benefits (Food Stamp Program)? YES NO
- 4) Is your child(ren) eligible for the Free and Reduced Lunch Program at their school? YES NO
- 5) Does your family receive Supplementary Security Income (SSI)? YES NO
- 6) Does your family receive housing assistance (Section 8)? YES NO
- 7) Does your family receive home energy assistance (LIHEAP)? YES NO

I certify by delivering this form, under penalty of perjury, that the above responses are true and correct to the best of my knowledge and belief.