

**E-Rate Program
Family Survey for Funding Year 2022**

Our School will use the information on this Survey to maximize our outside funding, which will help to provide a better education for your children. For example, E-Rate fund will fund part of our Internet bills and help fund improvements to our wireless network allowing more money to be used for educational programs and resources for students.

Please complete and return this survey. It is VERY important to return this form to us even if your income does not meet any of these criteria for the school's survey to be considered a valid measure for the school.

ALL INFORMATION GATHERED IN THE FORM WILL BE KEPT STRICTLY CONFIDENTIAL

[Please Print]

Family Name: _____

These sections must be completed by head of household or designee:

A. Circle the number of people in your family on the chart below, including ALL children:

Family Size (circle one)	Annual Income
2	Less than 31,894
3	Less than 40,182
4	Less than 48,470
5	Less than 56,758
6	Less than 65,046
7	Less than 73,334
8	Less than 81,622
For each additional family member add	8,288

Income Eligibility Guidelines for Reduced Priced Meals. July 1, 2021 - June 30, 2022 Federal Register / Vol. 83, No. 89

B. Please try to answer the questions below. Skip any questions you don't know the answer to.

- | | | |
|---|-----------|----------|
| 1. Is your income equal to or less than any of the amounts listed next to the number you circled? | Yes _____ | No _____ |
| 2. Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? | Yes _____ | No _____ |
| 3. Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? | Yes _____ | No _____ |
| 4. Does your family qualify for medical assistance under Medicaid? | Yes _____ | No _____ |
| 5. Is your family receiving 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 _____ |

C. Please list all students in your household that attend school. Enter the grade that they will be entering in Fall 2021

Name of Child	Grade	School

Attach additional pages if needed.

D. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

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