



Our Lady of the Angels Catholic School

404 Cherry Street, Columbia, PA 17512

717-684-2433 † Fax 717-684-5039

August 2017

Dear Parents:

Please review the enclosed questions and simply indicate by a Yes or No if you meet the criteria. This information is very important to insure our continued participation in the Federal programs currently providing your children with a variety of materials and services. It is one of the few benefits they receive from your tax dollars, and we certainly do not want to lose it. Please return this form by **Sunday August 27th**. All information will be kept in confidence.

Thank you for your assistance with this survey. Do not hesitate to contact us if you have any questions.

Sincerely,
Mrs. Amanda Young
Principal

Please return this form on **Sunday August 27th**.

OVER



FAMILY SURVEY

A) Find your Household size (number of people residing in your home) and the corresponding yearly income level listed beside it on the chart **printed below**.

Note: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

Household Size	Yearly
1 *	\$22,311
2	30,044
3	37,777
4	45,510
5	53,243
6	60,976
7	68,709
8	76,442
Each Additional Member:	+ 7,733

* **The number for household members could include a foster child, an emancipated youth, or a special education child over 18.**

	<u>YES</u>	<u>NO</u>
Is your annual income, based on household size, less than the amount shown above?	_____	_____
Is your family eligible for food stamps?	_____	_____
B) Are you receiving assistance under the Temporary Assistance for Needy Families (TANF) (Public Assistance)?	_____	_____
C) Are any of your children eligible to receive medical assistance under the Medicaid program?	_____	_____

D) _____ Please check here if you do not wish to share this information in writing or have questions concerning this survey. Please write a phone number where you can be reached _____.

Please Complete:

Name: (print) _____
 Address: _____

Names & grades of children attending our school:

Public school district where you reside: _____

Public school your child/ren would attend: _____