

**St. Elizabeth Catholic School
FAMILY SURVEY
School Year 2011-2012**

Child's Name: _____ **Grade Level:** _____
Address: _____
City/State: _____ **Zip:** _____

Please indicate the name of the public school your child would attend:

A. Is your family eligible for School Nutrition Programs?

To determine eligibility, circle your family size in the chart below. *(Note that family size is equal to the total number of parents and children. This may include a foster child, an emancipated youth or a special education child over the age of 16.)*

HOUSEHOLD SIZE	Eligibility for Free Meals 130% of Poverty Level	Eligibility for Reduced Priced Meals 185% of Poverty Level
1	\$14,157	\$20,147
2	\$19,123	\$27,214
3	\$24,089	\$34,281
4	\$29,055	\$41,348
5	\$34,021	\$48,415
6	\$38,987	\$55,482
7	\$43,953	\$62,549
8	\$48,919*	\$69,616**

* If your family has more than eight members, add \$4,966 for each additional person.

** If your family has more than eight members, add \$7,067 for each additional person.

1) Is your family income LESS than the corresponding amount in column 2?
(Eligible for Reduced Priced Meals)

Yes _____ No _____

2) Is your family income LESS than the corresponding amount in column 3?
(Eligible for Free Meals)

Yes _____ No _____

B. Is your family receiving public assistance payments, welfare benefits (ex. TANF, GC)

Yes _____ No _____

C. Is your child eligible to receive medical assistance under the Medicaid Program?

Yes _____ No _____

**D. Is your family eligible for the Supplemental Nutrition Assistance Program?
(SNAP)**

(formerly Food Stamps)

Yes _____ No _____