



Dear Parents:

Allentown Central Catholic participates in several Federal programs that provide your children with a variety of materials and services. It is one of the few ways in which they receive benefits from your tax dollars and we certainly don't want to lose this benefit. Please review the enclosed survey and simply answer Yes or No to the questions. This information is very important for us to continue to receive support from these programs. It is required before we can participate in Federal programs. All information will be kept in confidence.

Please return the form by September 13, 2020. Don't hesitate to call us if you have any questions about the survey.

Thank you for your assistance.

Sincerely,

Mr. Randy Rice
Principal

FAMILY SURVEY

Persons in Family or Household Size	Annual Income
1	\$22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
For each Additional Family Member Add	\$ 7,992
This may be a foster child, an emancipated youth, or a special education child over age 18	

Find your family size and the annual gross income level (at or below) listed beside it on the chart printed above.

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.

- | | YES | NO |
|---|--------------------------|--------------------------|
| A) Is your annual income less than this amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Is your family eligible for SNAP
(Supplemental Nutrition Assistance Program,
formerly food stamps)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Are you receiving TANF Cash Assistance?
(Formerly AFDC or Public Assistance) | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Are any of your children eligible to receive
medical assistance under the Medicaid
program? | <input type="checkbox"/> | <input type="checkbox"/> |
| E) We have not checked any of the above boxes because
we do not wish to share this information in writing. | <input type="checkbox"/> | |

Family Name (print): _____

Address: _____

Public school district in which you reside: _____

List names and grade level of your children in our school:
