

# FAMILY SURVEY 2025-2026

Find and circle your family size and the annual gross income level listed beside it on the chart below.  
The amounts are the **GROSS** income levels.

INCOME CHART			
Family Size	Annual Income	Monthly Income	Weekly Income
1 *	\$28,953	\$2,413	\$557
2	\$39,128	\$3,261	\$753
3	\$49,303	\$4,109	\$949
4	\$59,478	\$4,957	\$1,144
5	\$69,653	\$5,805	\$1,340
6	\$79,828	\$6,653	\$1,536
7	\$90,003	\$7,501	\$1,731
8	\$100,178	\$8,349	\$1,927
For each additional family member add	+ \$10,175	+ \$848	+ \$196

\* This may be a foster child, an emancipated youth, or a special education child over age 18.

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

- A) Is your annual income less than this amount? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your family eligible for food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_
- B) Are you receiving **TANF** Cash Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Temporary Assistance for Needy Families, formerly AFDC or Public Assistance)
- C) Are any of your children eligible to receive medical assistance under the **Medicaid** program? Yes \_\_\_\_\_ No \_\_\_\_\_
- D) **Please** check “yes” if you do not wish to share this information in writing. Yes \_\_\_\_\_

Family Name (**please print**): \_\_\_\_\_

Address (Street, City, Zip Code): \_\_\_\_\_

**Public school district in which you reside:** \_\_\_\_\_

Name of School Building(s) your child(ren) would attend in the public school: \_\_\_\_\_

List name(s) and grade level(s) of your child/children attending **our** school:

---



---



---



---