

OUR LADY OF CALVARY SCHOOL
11023 KIPLING LANE
PHILADELPHIA, PA 19154

Dear Parent/Guardian,

We need your help! Our school has an opportunity for the children who really need extra academic support to receive it through the **Title I** program under the *Every Student Succeeds Act*, but we can't do it without YOU! In order to determine the funding available for this program, we must have an accurate count of children and the income level of their families. I want to assure you your privacy will be protected and no names are required on this family survey form. *Only* the address and grade levels are provided to the school district so its staff can determine the funding for the Title I program for the eligible children. Thank you for giving this your immediate attention.

Please return the survey to the school's main office by Monday, March 1, 2021.

1. Total number of people living in HOUSEHOLD* _____

2. For Each K-12 student in your household, enter the grade, home address including the zip code and the school name. Use the back of this survey to add more students if necessary.

Student Grade Level	Home Address	Zip Code	School

3. Check the Box below that most accurately reflects your TOTAL HOUSEHOLD INCOME**

Check	Income Range (annual)
<input type="checkbox"/>	\$23,606 or Below
<input type="checkbox"/>	\$23,607 - \$31,894
<input type="checkbox"/>	\$31,895 - \$40,182
<input type="checkbox"/>	\$40,183 - \$48,470
<input type="checkbox"/>	\$48,471 - \$56,758
<input type="checkbox"/>	\$56,759 - \$65,046
<input type="checkbox"/>	\$65,047 - \$73,334
<input type="checkbox"/>	\$73,335 - \$81,622
<input type="checkbox"/>	\$81,623 - \$89,910
<input type="checkbox"/>	\$89,910 - \$98,198

4. Check Y or N for Each Statement Below:

Is your family eligible for food stamps? Y ___ N ___

Does your family qualify for Medicaid? Y ___ N ___

Does your family qualify for home energy assistance (LIHEAP)? Y ___ N ___

Does your family receive Supplemental Security Income? Y ___ N ___

Does your family receive housing assistance (sect. 8)? Y ___ N ___

Does your family receive Temporary Assistance to Needy Families (TANF)?
Y ___ N ___

*HOUSEHOLD is: All persons, including parents, children, college students, grandparents, and all people related or unrelated who live in your home and share living expenses. **TOTAL HOUSEHOLD INCOME is the combined income each household member earned before taxes. This includes wages, social security, pension, unemployment, welfare child support, alimony, and any other cash income.

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