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IRONBOUND

CATHOLIC ACADEMY

Middle States Accredited

March, 2017

Dear Parents/Guardians:

The *Elementary and Secondary Education Act (ESEA)* provides a variety of programs, materials, and services to children and teachers in nonpublic schools similar to those provided to public school students and teachers. These activities are enhanced by additional federal funds provided for school attendance areas with families whose income fails below specific levels or who benefit from federal assistance programs. In order for our children to benefit from these additional funds, it is very important for us to know how many children attending our school are members of these families.

Please review the enclosed survey and simply indicate whether you meet the criteria by checking **Yes** or **No**. Please write down your **child's grade, home address and the public school district that your child(ren) would have attended if not attending our school. Names are not required.** This information is essential to ensure our continued participation in federal programs such as Title I. It is an important benefit that we do not want to lose. All information will be kept confidential.

Sincerely,

Mrs. E. Sausaitiene

NONPUBLIC SCHOOL SURVEY
(TITLE I ONLY)

Family Survey

[**Note to LEA:** This information may be reproduced in English, Spanish, and any other language necessary for a particular locality. Follow-up telephone calls may be necessary to parents who do not respond, particularly if the school feels they might qualify. Surveys may be coded to protect confidentiality.]

1. Use the attached *Income Eligibility Guidelines* chart to answer the questions in item #1.

Is your family income less than the amount in column 2 (Federal Poverty Guidelines)?
Yes _____ No _____

Is your family income less than the amounts in columns 3-5 (Reduced Price Meals)?
Yes _____ No _____

Is your family income less than the amounts in columns 6-8 (Free Meals)?
Yes _____ No _____

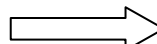
2. Are you receiving assistance under Temporary Assistance to Needy Families (TANF) program?
Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicare program?
Yes _____ No _____

4. Identify the public school district that your child(ren) would have attended if not attending a nonpublic school and their grade level.

Name of Public School District (required)	Grade Level (required)
1.	
2.	
3.	
4.	

Home Address (required): _____

Please turn the page over 

INCOME ELIGIBILITY GUIDELINES

For Title I, the same criteria must be used for both the public and nonpublic school students.

INCOME ELIGIBILITY GUIDELINES													
July 1, 2016 – June 30, 2017													
(As announced by the United States Department of Agriculture)													
HOUSE-HOLD SIZE	FREE MEALS OR MILK						HOUSE-HOLD SIZE	REDUCED PRICE MEALS					
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Weekly		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	
1	15,444	1,287	644	594	297	297	1	21,978	1,832	916	846	423	
2	20,826	1,736	868	801	401	401	2	29,637	2,470	1,235	1,140	570	
3	26,208	2,184	1,092	1,008	504	504	3	37,296	3,108	1,554	1,435	718	
4	31,590	2,633	1,317	1,215	608	608	4	44,955	3,747	1,874	1,730	865	
5	36,972	3,081	1,541	1,422	711	711	5	52,614	4,385	2,193	2,024	1,012	
6	42,354	3,530	1,765	1,629	815	815	6	60,273	5,023	2,512	2,319	1,160	
7	47,749	3,980	1,990	1,837	919	919	7	67,951	5,663	2,832	2,614	1,307	
8	53,157	4,430	2,215	2,045	1,023	1,023	8	75,647	6,304	3,152	2,910	1,455	
Each Additional Household Member	5,408	451	226	208	104	104	Each Additional Household Member	7,696	642	321	296	148	

When all income is reported with the same frequency i.e., all reported as weekly (W), every 2 weeks (2W), monthly (M), or twice a month (2M), total the income and the number of household members and compare it to this chart. **Cannot annualize if all income reported is the same frequency.**

When income is reported with different frequencies, annualize the number, total the income and the number of household members and compare it to the annual income column on this chart.

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, and Monthly x 12

Error Prone: Weekly: \$0 - \$25 below the free or reduced price income eligibility limit.
 Every two weeks or twice a month: \$0 - \$50 below the free or reduced price income eligibility limit.
 Monthly: \$0 - \$100 below the free or reduced price income eligibility limit.
 Annually: \$0 - \$1200 below the free or reduced price income eligibility limit.