



One form per family.



Hacienda La Puente Unified School District

MULTILINGUAL EDUCATION

15959 E. GALE AVE. • HACIENDA HEIGHTS, CA 91745 • (626) 933-4340 • FAX (626) 933-4379

Kathryne Meade, Executive Director

Title I Income Eligibility Survey
 Private School: St. Joseph School 2015-2016

The purpose of this survey is to collect data that will be used to determine the amount of funds available for the public school district to provide Title I services to eligible students in our school. Determining the number of our students, by public school district of residence, who would qualify for free and reduced-price lunches, accomplishes this. **The information requested below is confidential. It is not necessary to provide family names.**

A. Find your family size and look at the annual gross income level listed beside it on the chart printed below.

**Reduced-Price
 Eligibility Scale for
 Lunch and Breakfast**

| Household Size | Year | Month | Twice per Month | Every Two Weeks | Week |
|----------------|-----------|----------|-----------------|-----------------|--------|
| 1 | \$ 21,590 | \$ 1,800 | \$ 900 | \$ 831 | \$ 416 |
| 2 | 29,101 | 2,426 | 1,213 | 1,120 | 560 |
| 3 | 36,612 | 3,051 | 1,526 | 1,409 | 705 |
| 4 | 44,123 | 3,677 | 1,839 | 1,698 | 849 |
| 5 | 51,634 | 4,303 | 2,152 | 1,986 | 993 |
| 6 | 59,145 | 4,929 | 2,465 | 2,275 | 1,138 |
| 7 | 66,656 | 5,555 | 2,778 | 2,564 | 1,282 |
| 8 | 74,167 | 6,181 | 3,091 | 2,853 | 1,427 |

For each additional family member, add:

\$ 7,511 \$ 626 \$ 313 \$ 289 \$ 145

- B. Is your family income less than the amount on the chart on the line beside your family size? _____yes
 _____no
- C. Is your family eligible for food stamps? _____yes
 _____no
- D. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance? _____yes
 (Formerly AFDC or Public Assistance) _____no
- E. **Please provide the following information:**
Address:

Public school district in which you reside:

Grade levels of your children:
