



**Nonpublic School Family Survey Letter**  
***(TITLE I ONLY)***

Dear Parents:

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 falls below specific levels or who benefit from other 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. Additionally, identify the **public-school district** where your child(ren) would attend school if not attending a nonpublic school. This information is essential to ensure our continued participation in the federal programs such as Title I. It is an important benefit that we do not want to lose. Please return this form by **April 17, 2019**. All information will be kept confidential.

Thank you for your assistance with this survey.

Sincerely,

Dr. Deborah Egan

## Nonpublic School Family Survey (TITLE I ONLY)

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 the Temporary Assistance to Needy Families (TANF) program?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are any of your children eligible to receive medical assistance under the Medicaid program?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Name of Public School District ( Required)	Grade Level (Required)

Home Address (required): \_\_\_\_\_

### Income Eligibility Guidelines

Household Size	Federal Poverty Guidelines	Reduced Price Meals - 185%			Free Meals - 130%		
	Annual	Annual	Month	Week	Annual	Month	Week
1	\$12,490	\$23,107	\$1,926	\$445	\$16,237	\$1,354	\$313
2	\$16,910	\$31,284	\$2,607	\$602	\$21,983	\$1,832	\$423
3	\$21,330	\$39,461	\$3,289	\$759	\$27,729	\$2,311	\$534
4	\$25,750	\$47,638	\$3,970	\$917	\$33,475	\$2,790	\$644
5	\$30,170	\$55,815	\$4,652	\$1,074	\$39,221	\$3,269	\$755
6	\$34,590	\$63,992	\$5,333	\$1,231	\$44,967	\$3,748	\$865
7	\$39,010	\$72,169	\$6,015	\$1,388	\$50,713	\$4,227	\$976
8	\$43,430	\$80,346	\$6,696	\$1,546	\$56,459	\$4,705	\$1,086
<b>Add for each additional family member</b>	\$4,420	\$8,177	\$682	\$158	\$5,746	\$479	\$111