



*Our Lady of the Angels Catholic School*

404 Cherry Street, Columbia, PA 17512

717-684-2433 † Fax 717-684-5039

August 2021

Dear Parents:

Please review the enclosed questions and simply indicate by a Yes or No if you meet the criteria. This information is very important to insure our continued participation in the Federal programs currently providing your children with a variety of materials and services. It is one of the few benefits they receive from your tax dollars, and we certainly do not want to lose it. Please return this form by **Thursday, Sept 2nd**. All information will be kept in confidence.

Thank you for your assistance with this survey. Do not hesitate to contact us if you have any questions.

Sincerely,  
*Mrs. Amanda Young*  
Principal

Please return this form on **Thursday, Sept 2nd**.

**OVER**



**PLEASE RETURN BY: Thursday, Sept 2<sup>nd</sup>**

**FAMILY SURVEY**

A) Find your Household size (number of people residing in your home) and the corresponding yearly income level listed beside it on the chart **printed below**.

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

<b>Household Size</b>	<b>Yearly</b>
1 *	\$23,828
2	\$32,227
3	\$40,626
4	\$49,025
5	\$57,424
6	\$65,823
7	\$74,222
8	\$82,621
Each Additional Member:	\$8,399

\* **The number for household members could include a foster child, an emancipated youth, or a special education child over 18.**

**YES**                      **NO**

Is your annual income, based on household size,  
**less** than the amount shown above?

\_\_\_\_\_

\_\_\_\_\_

Is your family eligible for food stamps?

\_\_\_\_\_

\_\_\_\_\_

B) Are you receiving assistance under the Temporary Assistance for Needy Families (TANF) (Public Assistance)?

\_\_\_\_\_

\_\_\_\_\_

C) Are any of your children eligible to receive medical assistance under the Medicaid program?

\_\_\_\_\_

\_\_\_\_\_

D) \_\_\_\_\_ Please check here if you do not wish to share this information in writing or have questions concerning this survey. Please write a phone number where you can be reached \_\_\_\_\_.

**Please Complete:**

Name: (print) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Names & grades of children attending our school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public school district where you reside: \_\_\_\_\_

Public school your child/ren would attend: \_\_\_\_\_