

**REQUIRED DOCUMENT**  
**All Saints Catholic Academy's Family Survey**  
**2022—2023**

Our students are eligible to benefit from Federal and State programs, and you can help by answering a few brief questions. It is ESSENTIAL that we receive this information from every family. It is for statistical purposes only and **NO NAMES WILL EVER BE USED**. You do not have to participate in a school nutrition (lunch or milk) program to respond. All families should respond. This report is crucial to ensure maximum funding.

**Federal Income Eligibility Guidelines**  
**For Free and Reduced Price Meals or Free Milk**  
**Effective July 1, 2022 to June 30, 2023**

"Reduced Price" Eligibility						"Free" Eligibility				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484	17,667	1,473	737	680	340
2	33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458
3	42,606	3,551	1,776	1,639	820	29,939	2,495	1,248	1,152	576
4	51,338	4,279	2,140	1,975	988	36,075	3,007	1,504	1,388	694
5	60,070	5,006	2,503	2,311	1,156	42,211	3,518	1,759	1,624	812
6	68,802	5,734	2,867	2,647	1,324	48,348	4,029	2,015	1,860	930
7	77,534	6,462	3,231	2,983	1,492	54,483	4,541	2,271	2,096	1,048
8	86,266	7,189	3,595	3,318	1,659	60,619	5,052	2,526	2,332	1,166
Each Additional Family Member	8,732	728	364	336	168	6,136	512	256	236	118

**Directions:**

1. Find your family size and the income level listed beside it on the chart printed above. DO NOT check or circle your income level. Please check YES or NO in each category:

- A. Based on your family size is your annual income less than the amount listed? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Is your family eligible for food stamps even though you may not be receiving them? YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Are you receiving assistance under the *Aid To Families With Dependent Children Program*? (Public Assistance) YES \_\_\_\_\_ NO \_\_\_\_\_
- C. Are any of your children eligible to receive medical assistance under the Medicaid Program? YES \_\_\_\_\_ NO \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_  
 (Please Print) WILL REMAIN ANONYMOUS IN COMPILING OUR SCHOOL'S DATA

ADDRESS: \_\_\_\_\_

Public School District in which you reside: \_\_\_\_\_

**List names and grade level of your children at ASCA:** (NAMES WILL REMAIN ANONYMOUS IN COMPILING OUR SCHOOL'S DATA)  
**Name of Student(s)** **Grade Level for 2022-2023**
