

(insert your letterhead here)

## 2024-2025 Family Survey Comparable Data

(For Schools Not Participating in the Free and Reduced Meal Program)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Children:

Name	Grade

Are you receiving assistance under Cal Works?                      **Yes**                      **No**  
Does your family participate in the FOOD STAMP Program?                      **Yes**                      **No**

Find your "Household Size" (all adults and children living with you) on the left side of the chart. Go across to the figures listed by weekly, monthly, or annually:

### Income Eligibility Guidelines

July 1, 2023 – June 30, 2024 (To be updated for 2024-25)

Household Size	Weekly	Monthly	Annually
1	\$ 484	\$ 2,096	\$ 25,142
2	\$ 652	\$ 2,823	\$ 33,874
3	\$ 820	\$ 3,551	\$ 42,606
4	\$ 988	\$ 4,279	\$ 51,338
5	\$ 1,156	\$ 5,006	\$ 60,070
6	\$ 1,324	\$ 5,734	\$ 68,802
7	\$ 1,492	\$ 6,462	\$ 77,534
8	\$ 1,659	\$ 7,189	\$ 86,266

For each additional household member add:

+ \$ 168                      + \$ 728                      + \$ 8,732

Is your income Less than this amount?                      **Yes**                      **No**

Please return the form to the school office by \_\_\_\_\_