



**2025-26 Family Survey Comparable Data**  
(For Schools Not Participating in the Free and Reduce 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

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

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

MDUSD 23-24