



East Catholic School

2001 Ardmore Blvd.

Pittsburgh, PA 15221

Phone: 412/351-5403

Fax: 412/273-9114

www.eastcatholicschool.org

August 2019

Dear Parents,

Through the Intermediate Unit, East Catholic School participates in several Federal programs that provide your children with a variety of materials and services. It is one of the few ways in which your children receive benefits from your tax dollars. We certainly do not want to lose these benefits. Please review the enclosed survey and simply answer Yes or No to the questions. This information is very important in order for us to continue receiving support from these programs. All information will be kept confidential.

It is important that we receive a survey back from every school family.

Please return the attached form by **September 13, 2019**. Don't hesitate to call if you have any questions about the survey.

Thank you for your assistance!

Sincerely,

David J. Barr, Principal

The Mission of East Catholic School is to develop God's Children from pre-K through 8th grade both academically and spiritually.

FAMILY SURVEY 2019-2020

Find and circle your family size and the annual gross income level listed beside it on the chart printed below. The amounts are the gross income levels.

INCOME CHART			
Family Size	Annual	Monthly	Weekly
1 *	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For each additional family member add	+8,177	+682	+158

* This may be a foster child, an emancipated youth, or a special education child over age 18.

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

- A) Is your annual income less than this amount? Yes _____ No _____
 Is your family eligible for food stamps? Yes _____ No _____
- B) Are you receiving TANF Cash Assistance? Yes _____ No _____
 (*Temporary Assistance for Needy Families, formerly AFDC or Public Assistance*)
- C) Are any of your children eligible to receive medical assistance under the **Medicaid** program? Yes _____ No _____
- D) **Please** check “yes” in this box if you do not wish to share this information in writing. Yes _____

Family Name (**Please print.**) _____

Address _____

Public school district in which you reside: _____

Name of School Building(s) your children would attend in public school _____

List name(s) and grade level(s) of your child/children attending **our** school:
