



York Catholic High School

601 E. Springettsbury Avenue, York, PA 17403
717.846.8871 ♣ www.yorkcatholic.org

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 August 31. 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,

A handwritten signature in black ink that reads "Adrienne K. Seufert".

Adrienne K. Seufert
Principal

Estimados Padres:

Favor de leer las preguntas adjuntas y simplemente indiquen con un "si" o un "no" si ustedes cumplen con el criterio adjunto. Esta información es muy importante para asegurar nuestra participación en los programas federales que actualmente están proveyendo a sus hijos con una variedad de materiales y servicios. Estos son unos de los pocos beneficios que ellos reciben con la contribución de sus impuestos y desde luego no desearíamos que ellos perdieran esta oportunidad. Favor de devolver este formulario lo más pronto posible. Toda la información quedará confidencial.

Gracias por su ayuda con esta encuesta. Si tiene alguna pregunta no se demore en llamarnos.

Atentamente,

A handwritten signature in black ink that reads "Adrienne K. Seufert".

Adrienne K. Seufert
EL DIRECTOR

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.

FAMILY INCOME

Household Size	Yearly
1 *	\$22,311
2	30,044
3	37,777
4	45,510
5	53,243
6	60,976
7	68,709
8	76,442
Each Additional Member:	+ 7,733

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

	<u>YES</u>	<u>NO</u>
Is your annual income, based on household size, <u>less</u> 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: _____