

2018 Emergency Impact Aid for Displaced Students Programs Family Income Survey

Parent of the eligible student should complete this form

Complete and return this survey to the administrator's office the next school day.

The information gathered from this survey will help determine your family's qualification for the 2018 Emergency Impact Aid for Displaced Students. The information requested below is required by federal law. This form will be stored in a secured and confidential area in the non-public and local education agency's main office.

Please complete one survey form for each family that is applying for the 2018 Emergency Impact Aid for Displaced Students Programs Family Income Survey.

Parent/Guardian Full Names: _____

Address (Street Number and Name), for your family during the hurricane:

City, State and Zip Code: _____

Directions: On the chart below circle:

- 1. The total number of persons living at the household address listed above.**
- 2. The amount of your household's yearly income during the time you were displaced due to the hurricane.**

FAMILY SIZE	HOUSEHOLD INCOME
1	\$0.00 - \$10,999
2	\$11,000 - \$20,999
3	\$21,000 - \$30,999
4	\$31,000 - \$40,999
5	\$41,000 - \$50,999
6	\$51,000 - \$60,999
7	\$61,000 - \$70,999
8	\$71,000 - \$80,999
9	\$81,000 - \$90,999
10	\$91,000 - \$100,999
11	\$200,000 - \$400,999
12	\$500,000 Plus

Amount of Tuition Waived \$ _____ or Amount of Tuition Paid \$ _____

How many children received services for/or participated in: _____ Special Education _____ English Learner

To be completed by the non-public school: