Title I Family Income Survey Form
PLEASE COMPLETE ONE SURVEY PER FAMILY

SCHOOL NAME: _____

1. Family's Full **Street Address** (not PO Box), including **zip code**:

   _____

2. Address is in:

   _____Escambia County   _____Santa Rosa County   _____Other

3. Please indicate the number of children living in your household who are **currently enrolled** at each grade level at this school. Do not list student names. *(For example, if you have 2 children in first grade and 1 child in third grade currently enrolled at the school, place a "2" beside first grade and a "1" beside third grade. Return one form only for your family.)*

_____ Kindergarten	_____ Fifth Grade	_____ Ninth Grade
_____ First Grade	_____ Sixth Grade	_____ Tenth Grade
_____ Second Grade	_____ Seventh Grade	_____ Eleventh Grade
_____ Third Grade	_____ Eighth Grade	_____ Twelfth Grade
_____ Fourth Grade		

4. Find your family size in the table below. If your **monthly** income is **LESS THAN** the amount listed next to your family size, **please check this box**. ➡ ☐

FAMILY SIZE	INCOME EARNED EACH MONTH *Funding Year 2026-2027* *(Before taxes, social security, health benefits, union dues or other deductions)*
1	$2,413
2	$3,261
3	$4,109
4	$4,957
5	$5,805
6	$6,653
7	$7,501
8	$8,349
For each additional family member, add $848	

5. Is your family qualified for SNAP (formerly the Food Stamp Program)?

   YES _____   **NO** _____

6. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance? (Formerly Aid to Families with Dependent Children or Public Assistance)

   YES _____   **NO** _____

7. How many Foster Children and/or Homeless Children live with your family?

   Foster Children _____   **Homeless Children** _____

Please return this form to the school by Friday, February 6, 2026, in the envelope provided.