TO: ALL PRINCIPALS

RE: PARENT SURVEY - DUE OCTOBER 1

The enclosed survey forms are the result of Federal legislation, which provides services and materials to our students and teachers through a variety of programs including but not limited to Titles I, II, III, IV, and competitive programs. The data obtained from this information will again be used to determine the poverty level of your building for discounted Internet Services (E-Rate) as a result of the Telecommunications Act. It is extremely important that you reproduce the survey and send one to every parent in order to identify all the low-income children who attend your school as of September. If your school participates in the National School Lunch Program, you do not have to use the surveys as you can use the free and reduced lunch list to identify your low-income families.

NOTE: These forms are being provided to you now and the summary lists must be sent to the Office of Education on October 1st. Your collected data will be the official October 1st count. You will not have to resubmit the information later in the year since we will use the same data for the school districts.

The census data has had an impact on poverty information and these changes will continue to evolve and have a direct impact on our State Act 89 services provided by the IU's. The need to locate and identify each low-income child in our schools has been a challenging task that fell upon all our principals, not just those with Title I programs. The survey results affect federal programs for your school even if you do not have a Title I program; they are used to determine Internet services discounts for all and other grant opportunities. It is important that this continues to be done in a very thorough fashion. Each year our state and federal funding is decreasing due to our own enrollment numbers and federal and state budget cuts. We need an accurate count of our “poverty numbers” to assure as much funding as possible to assist us in serving our students.

Parents may be reluctant to share information with the school.

Please make every effort to contact parents by telephone if they do not return the survey to you. Question D has been placed on the survey to tip you off to those who are reluctant to share this information in writing. Do not list families who check D, unless you contact them personally or use whatever other financial information you have in your school or parish, such as STS, to determine whether a family fits into the survey categories. Last year's list may help serve as a basis for identifying families and should be used as a guide to determine the accuracy of this year's list.

I suggest completing a Principal’s Estimation form for families who do not submit the form to show an accurate accounting for ALL STUDENTS in your school. Document on this form the method used for the “estimation”.

Please alert our office immediately if your numbers change significantly from last year's totals. Please keep copies of each year’s reports to analyze these results.

Retain these forms in a file in your local school for six years. The completed survey forms are confidential and are to be retained in your school to be used in compiling lists for each district. They are not to be turned over to anyone! Addresses, not names, of low-income children identified through this process must be provided so that we can continue to receive our fair share of federal dollars.

See Special Notes on following page →

**Survey Process**

* Please be sure you use the school district totals reported on your school district spreadsheets when you complete your PNPE online reporting in October (NCEA report)
* The reported PNPE totals must match what you indicated on the Low Income Survey
* All school district survey summaries must be submitted to the office of education electronically on October 1.
* Note: Paper copies will not be accepted.

**Materials**

* Sample Cover letter to be sent to each family (one in English and one in Spanish)
* Sample Parent Survey (one in English and one in Spanish)
* Sample School District Report to be sent to the Diocesan Office
* Excel Spreadsheet Workbook Form – word documents will not be accepted.

**Sample Entries**

Street names with directional words such as West Elm St., must be entered as follows:

Spreadsheet Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grade Level | House Number | Direction Street | City | State | Zip Code |
| 2 | 123 |  W. Elm | Anytown | PA | 18000 |
| 6 | 456 |  Willow Drive | Anytown | PA | 18000 |

Each school is to compile spreadsheets in the following format (see template “Title I School District Report) and electronically submit them to the Diocesan Office by Thursday, October 1, 2020. Paper copies will not be accepted.

1. YOUR SCHOOL NAME
2. YOUR SCHOOL ADDRESS
3. YOUR SCHOOL CODE
4. YOUR SCHOOL LOW INCOME TOTAL
5. THE CURRENT SCHOOL YEAR
6. PUBLIC SCHOOL DISTRICT
	1. List entries for each district on a separate spreadsheet tab and save as an individual workbook page. Combined districts on one spreadsheet workbook Tab will not be accepted.
	2. If you have more than three districts to report, add more Tabs. Change the labels from Tab 1, etc., to the district name so districts can be easily identified.
7. STUDENT LIST (NO NAMES) with Grade level and address of each identified child on one line, in each correct column. Do not combine grade levels (an entire family) on one line. DO NOT INCLUDE PRE-K

*Note*: In category A, B or C a “Yes” in either blank qualifies them. Make sure that you enter data in correct columns

1. TOTAL PER SCHOOL DISTRICT

*Note*: Please be careful when you identify the districts in which you list students. Addresses have been eliminated because they were listed in the wrong school district or the wrong name of the school district was used. Rural route addresses also seem to cause problems.

**SCHOOL**

**LETTERHEAD**

Dear Parents:

[School Name] 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 they receive benefits from your tax dollars and we certainly don't want to lose this benefit. Please review the enclosed survey and simply answer Yes or No to the questions. This information is very important for us to continue receiving support from these programs. It is required before we can participate in Federal programs. All information will be kept in confidence.

Please return the form by [Date]. Don't hesitate to call us if you have any questions about the survey.

Thank you for your assistance.

Sincerely,

Principal

*Note*: Please insert your school name in the first paragraph and a specific return date in the second paragraph.

FAMILY SURVEY

|  |  |
| --- | --- |
| Persons in Family or Household Size | Annual Income |
| 1 | $26,973 |
| 2 | $36,482 |
| 3 | $45,991 |
| 4 | $55,500 |
| 5 | $65,009 |
| 6 | $74,518 |
| 7 | $84,027 |
| 8 | $93,536 |
| For each Additional Family Member Add | $9,509 |
| This may be a foster child, an emancipated youth, or a special education child over age 18 |

Find your family size and the annual gross income level (at or below) listed beside it on the chart printed above.

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.

 YES NO

A) Is your annual income less than this amount?

B) Is your family eligible for SNAP

(Supplemental Nutrition Assistance Program,

formerly food stamps)?

C) Are you receiving TANF Cash Assistance?

(Formerly AFDC or Public Assistance)

D) Are any of your children eligible to receive

medical assistance under the Medicaid

program?

E) We have not checked any of the above boxes because

we do not wish to share this information in writing.

Family Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Public school district in which you reside:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names and grade level of your children in our school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SCHOOL**

**LETTERHEAD**

Estimados Padres:

Nuestra escuela participa en varios programas Federales que le provee a sus hijos con una variedad ðe materiáles y servicios. Esta es una de las maneras que ellos recibiran beneficios de los impuestos que ustedes pagan cada año y definitivamente no lo queremos perder. Por favor revice este formulario que le hemos enviado y simplemente conteste si o no a las preguntas. Esta informacion es bien importante para nosotros seguir recibiendo apoyo de estos programas. Se requiere es ta información antes que podamos recibir asistencia Federal. Toda la información será confidencial.

Por favor regrese el formulario tan pronto pueda. Si tienen alguna pregunta, puede comunicarse con nosotros.

Gracias por su cooperación.

Sinceramente,

El Principal

ENCUESTA FAMILIAR

|  |  |
| --- | --- |
| Numero De Personas en la Familia | Ingreso Anual |
| 1 | $26,973 |
| 2 | $36,482 |
| 3 | $45,991 |
| 4 | $55,500 |
| 5 | $65,009 |
| 6 | $74,518 |
| 7 | $84,027 |
| 8 | $93,536 |
| Por cada Miembro Familiar Adicional, Añada | $9,509 |
| Este puede ser un hijo adoptivo, un joven independiente, o un hijo sobre la edad de 18 años que requiera educación especial |

 Encuentre el número que indica la cantidad de personas en su familia y su ingreso anual (en o por debajo de) en la lista que encuentra al lado de la tabla localizada abajo.

Nota: Si usted es pagado semanalmente multiplique esa cantidad por el número de semanas que usted trabaja en un año. Si usted es pagado mensualmente, multiplique esa cantidad por el número de meses que usted trabaja en un año.

 SI NO

A) Es su ingreso anual menos que esta cantidad?

B) Llena su familia los requisitos para recibir

cupones de alimentos, (SNAP)?

C) Recibe usted asistencia de dinero (TANF) conocido

antes como asistencia bajo el programa de ayuda

para familias con hijos dependientes (AFDC)?

(Asistencia pública)

D) Llena alguno de sus hijos los requisitos para

recibir asistencia médica bajo el programa

"Medicaid" (Seguro de enfermedad)?

E) No hemos contestado las preguntas porque

no queremos dar esta información por escrito.

Apellido de la familia (escriba en letra de molde):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Distrito escolar donde usted reside:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escriba el nombre y el nivel de curso de sus hijos que asisten a nuestra escuela:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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