

**MSAD #31**  
**PARENT/GUARDIAN ECONOMICALLY DISADVANTAGED SURVEY**

Dear Parents/Guardians:

This survey will provide information needed by the State Department of Education to determine the eligibility of our school district for State Economically Disadvantaged funds available under the *Essential Programs & Services Funding Act* for children in our district. If you have any questions, please call Terry Cummings at 732-3987x2 or Renee Batchelder at 732-8364. The due date to return this survey to your school administrator is **September 30, 2016**.

**Thank you for your cooperation. Filling out and returning this survey will help to increase benefits to our children that are not automatically eligible for meal benefits.**

Sincerely,

Carol Marcinkus, Principal; Debra McIntyre, Guidance PVHS/HMS

Kelley Weiss, Principal ESS

**2016-2017 Free & Reduced Income Guidelines – please use the table below as guidance for Economically Disadvantaged eligibility. Household size includes adults.**

Household Size	FREE LUNCH INCOME GUIDELINES		REDUCED LUNCH INCOME GUIDELINES	
	Yearly	Monthly	Yearly	Monthly
2	20,826	1,736	<b>29,637</b>	<b>2,470</b>
3	26,208	2,184	<b>37,296</b>	<b>3,108</b>
4	31,590	2,633	<b>44,955</b>	<b>3,747</b>
5	36,972	3,081	<b>52,614</b>	<b>4,385</b>
6	42,354	3,530	<b>60,273</b>	<b>5,023</b>
7	47,749	3,980	<b>67,951</b>	<b>5,663</b>
8	53,157	4,430	<b>75,647</b>	<b>6,304</b>

**Eligibility Criteria for State Economically Disadvantaged Funds –**  
Economically disadvantaged students means students who are eligible for FREE or REDUCED price meals or FREE milk or both pursuant to State Law: 20-A MRS §15672(3).

**Examples:**

If a family of 2 earns \$19,205 yearly, this family **WOULD MEET** eligibility criteria under Free Lunch since the yearly family income is less than \$20,826.

If a family of 4 earns \$56,555 yearly, this family **WOULD NOT MEET** eligibility criteria since the yearly family income is in excess of \$44,955.

Student's Last Name	Student's First Name	Name of School: PV, HMS, ESS	Grade	Check box if meets Free Eligibility	Check box if meets Reduced Eligibility	N/A* Does not Qualify

**Duplicate this form for additional children. Return this form to your school administrator by September 30, 2016**

**\*N/A: Please check this box if your household does not qualify and sign and return to your child's school.**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_