2027-28 Family Survey Comparable Data

(For Schools Not Participating in the Free and Reduce Meal Program)

Name_____**Address**_____

Phone_____**City**_____**Zip**_____

Children

Name	**Grade**

Are you receiving assistance under Cal Works? **Yes**____ **No**____

Does your family participate in the FOOD STAMP Program? **Yes**____ **No**____

Find your "Household Size" (all adults and children living with you) on the left side of the chart. Go across to the figures listed by weekly, monthly or annually.

Income Eligibility Guidelines

July 1, 2026-June 30, 2027

Household Size	**Weekly**	**Monthly**	**Annually**
1	$484	$2,096	$25,142
2	$652	$2,823	$33,874
3	$820	$3,551	$42,606
4	$988	$4,279	$51,338
5	$1,156	$5,006	$60,070
6	$1,324	$5,734	$68,802
7	$1,492	$6,462	$77,534
8	$1,659	$7,189	$86,266
For each additional household member add:	+ $168	+ $728	+ $8,732

Is your income **Less** than this amount? **Yes**____ **No**____

Please return the form to the school office by _____

MDUSD 23-24

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