



# E-RATE FY 2018-19 HOUSEHOLD SURVEY 2017-18 School Year

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As you prepare for enrollment for the 2017-18 school year, you may want to include an E-rate household income survey in your paperwork. We want to ensure that your school's E-rate discount accurately reflects the income levels of your student population. The enclosed Household Survey letter can be included in your enrollment process to determine income eligibility for your E-rate funding for FY 2018-19.

- Surveys can be used to determine individual student eligibility for NSLP, but survey results can not be extrapolated. Because the extrapolation of returned surveys is not permitted, NSLP applications can be used as surveys.
- Schools participating in the Community Eligibility Program (CEP) multiply the number of students directly certified by the national multiplier (currently 1.6) to calculate the number of students qualifying for NSLP on the FCC Form 471. Note that this calculation is capped at 100 percent of the student population for the purposes of determining the E-rate discount.
- You can use a combination of methods (e.g., surveys, sibling matches, household eligibility for certain federal programs) to substantiate the eligibility of individual students.

<http://www.usac.org/sl/applicants/step03/alternative-discounts.aspx>

If you decide to use the survey, you will need to tally the results for each eligible site (i.e. ES, MS, HS)--**extrapolation is not allowed by SLD**. Send the summary tally sheets to us when they are completed. We will then submit the summary pages along with your E-Rate application.

***Retain the individual surveys and related documentation for 10 years.***

## **SLD Guidelines:**

If a school chooses to do a survey, the following guidelines apply:

- a. The survey must be sent to families (households) whose children attend the school.
- b. The survey must, at a minimum, contain the following information:
  - Address of family (household)
  - Grade level of each child
  - Size of the family (household)
  - Income level of the parents or guardians
- c. The survey must assure confidentiality. (Only summary data is provided to USAC/E-rate)
- d. Retain ALL surveys for TEN YEARS after the last date of service

Let's Get E-Rate Funds for our School!"



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**PLEASE COMPLETE THE ATTACHED  
HOUSEHOLD SURVEY\***

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We need everyone to return this survey in order for the survey to be considered valid.

**THIS WILL HELP OUR SCHOOL GET \$\$\$ FOR:**

**Telecommunications**

**Internet Access**

**Technology**

**Maintenance**

**\*This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.**

Survey Number: \_\_\_\_\_  
 [For School Use Only]

**E-Rate Household Survey Spring/Fall 2017<sup>1</sup>**

Please complete and return to the school office within two weeks.



Your Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each add'l family member add:	7,733	645	323	298	149

Is your income equal to or less than any of the amounts listed next to the number you circled? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family qualify for medical assistance under Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family receiving Supplementary Security Income (SSI)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive housing assistance (section 8)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive home energy assistance (LIHEAP)? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2017

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2017 to June 30, 2018 (Federal Register/ Vol.82, No. 67/ Monday, April 10, 2017/ Notices, pg. 17184)