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### **E-RATE FY 2025-26 HOUSEHOLD SURVEY**

### **2024-25 School Year**

As you prepare for enrollment for the 2024-25 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 2025-26.

* Surveys can be used to determine individual student eligibility for NSLP, but survey results cannot 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.

USAC Guidance: [Alternative Discount Mechanism](https://www.usac.org/e-rate/applicant-process/applying-for-discounts/alternative-discount-mechanisms/)

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:

1. The survey must be sent to families (households) whose children attend the school.
2. 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
3. The survey must assure confidentiality. (Only summary data is provided to USAC/E-rate)
4. Retain ALL surveys for TEN YEARS after the last date of service



Kellogg & Sovereign® Consulting 580-332-1444 4/25/2024

[Use School/School District Letterhead]

[Insert Date]

Dear Parents,

Every year our district participates in a federal funding program called E-Rate. E-Rate offers schools and libraries discounts on certain internet services and network equipment. Because of these discounts, we are able to afford the technology and connectivity that is so critical in educating your children in today’s global and technology driven world.

The size of the E-Rate discount is directly related to the number of students that qualify for the Free or Reduced Lunch Program. It is critical that this form be completed by our parents at the time of enrollment as this often sets the budget for up to five years. The local public library also benefits since it shares our discount rate and can get a reduced cost on their internet access and network equipment.

The results of this survey are CONFIDENTIAL. Your name and address will not be shared with anyone, the form will be locked and kept on file in a safe place. Only a total tally will be shared for E-Rate purposes**.** The income guidelines in the survey are the same as those used for participation in the Free and Reduced Lunch Program. Just know that, since responses to the survey will be kept confidential, answering yes to any of the questions on the attached form will not make your children eligible to receive Free or Reduced-price lunches. Instead, if you have children you would like to enroll in the Free and Reduced Lunch Program, please contact [Insert contact person’s name/address/phone number].

Thank you,

Survey Number: \_\_\_\_\_\_\_\_\_\_\_\_

[For School Use Only]

**E-Rate Household Survey Spring/Fall 20241**

**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 | $19,578 | $1,632 | $816 | $753 | $377 |
| 2 | $26,572 | $2,215 | $1,108 | $1,022 | $511 |
| 3 | $33,566 | $2,798 | $1,399 | $1,291 | $646 |
| 4 | $40,560 | $3,380 | $1,690 | $1,560 | $780 |
| 5 | $47,554 | $3,963 | $1,982 | $1,829 | $915 |
| 6 | $54,548 | $4,546 | $2,273 | $2,098 | $1,049 |
| 7 | $61,542 | $5,129 | $2,565 | $2,367 | $1,184 |
| 8 | $68,536 | $5,712 | $2,856 | $2,636 | $1,318 |
| For each additional family member add | $6994 | $583 | $292 | $269 | $135 |

|  |  |  |
| --- | --- | --- |
| 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 2024** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

1Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2024, through June 30, 2025 (Federal Register/ Vol.89, No. 34/ Tuesday, February 20, 2024 / Notices, pg. 12813-14) (Corrected Federal Register/Vol. 89, No. 40/Wednesday, February 28, 2024/Notices, pg 14625-26)

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