Holy Rosary School



1500 Arnow Avenue Bronx, NY 10469 (718) 652-1838 (718) 515-9872 (fax)

EACH FAMILY SHOULD RETURN THE FOLLOWING FORM BY SEPTEMBER 19, 2025. ALL QUESTIONS MUST BE ANSWERED COMPLETELY.

1.	Are you or anyone in your household receiving assistance under the Temporary Assistance to Needy Families ("TANF") Program and Supplemental Nutrition Assistance Program ("SNAP")?							m and/or the
	Yes N	lo						
2.	Are any of your children	n eligible to receive me	edical assistance und	ler the Medicaid j	orogram?			
	Yes No							
3.	Use the chart below to a	answer the following th	ree questions, <i>inclu</i>	ding all member:	s who live in y	our household	-	
	Is your family income less than the amount in Column A?							
	Yes No							
	Is your family income less than the amounts in Columns B?							
	Yes No Is your family income less than the amounts in Columns C?							
	Yes No							
4.								
		Grade(s)						
	Home Address (Required):							
	City	State	Zip					
	Complete the last section	n:						
	Household Size	A		В			С	
	Household Size	Annual	Annual	Monthly	Weekly	Annual	Monthly	Weekly
	1	\$15,650	\$20,345	\$1,696	\$392	\$28,953	\$2,413	\$557
	2	\$21,150	\$27,495	\$2,292	\$529	\$39,128	\$3,261	\$753
	3	\$26,650	\$34,645	\$2,888	\$667	\$49,303	\$4,109	\$949
	4	\$32,150	\$41,795	\$3,483	\$804	\$59,478	\$4,957	\$1,144
5		\$37,650	\$48,945	\$4,079	\$942	\$69,653	\$5,805	\$1,340
6		\$43,150	\$56,095	\$4,675	\$1,079	\$79,828	\$6,653	\$1,536
7		\$48,650	\$63,245	\$5,271	\$1,217	\$90,003	\$7,501	\$1,731
8		\$54,150	\$70,395	\$5,867	\$1,354	\$100,178	\$8,349	\$1,927
For each additional family member, add:		\$5,500	\$7,150	\$596	\$138	\$10,175	\$848	\$196
To protect your privacy, this section will be detached from this form once the school records that a family returned it, and the data is aggregated.								
Student(s) Name(s)								
Public School District								
Parent/Guardian Signature								