E-Rate Family Survey for Fall of 2023



BEDFORD COUNTY TECHNICAL CENTER

Preparing Better Futures

We Need You...To Do Your Part! \$\$\$\$ HELP US SAVE YOU MONEY \$\$\$\$

Dear Parent or Guardian,

Our School needs your help!

Our School qualifies for price discounts on telecommunications and Internet access. These price discounts can be as high as 90%, and our best estimate is that our School could qualify for that 80% discount!

By completing the survey, you help our school to pay its bills for Internet access and networking technology. An 80% savings would mean that the School would only pay 20¢ on every dollar spent on Internet Access service.

You, the taxpayer, save yourselves and the school a substantial amount of money by completing the survey (on the back of / attached to) this letter. Every dollar that can be saved on monthly bills, for Internet access and networking technology, frees up money to be used for other educational purposes; purposes that are directly related to educating our children.

We cannot get these savings without your help. Even if you do not fall within the income levels described, please fill in your demographics, circle your household size, and check the appropriate questions. Finally, list your child's name, school and the grade level for your child on the lines provided, sign and date this form and return to the school.

If you have more than one child in the School, it is only necessary to complete and return one survey.

The information provided will be used only for the sole purposes of the School. This information is confidential; when used, it will be reported only as a total group, not by individual families.

Your returned survey will make a difference!

Sincerely,

Administrative Director

Bedford County Technical Center

Please return ASAP, but preferably no later than Friday, December 15, 2023

\$\$\$\$ HELP US SAVE YOU MONEY \$\$\$\$

E-Rate Family Survey for Fall 2023

Please complete the information below to the best of your knowledge. If you have any questions, please feel free to contact your child's principal. Please complete the information requested in all Sections as appropriate

This information is to be used solely for the calculation of E-Rate eligibility and will not be used by unauthorized persons.

This information is confidential and is subject to all applicable privacy laws.

Section I: Required Information: Please fill out this information to the best of your knowledge.							
	e of Head of Household:						
Address of Family (include city, state and zip code):							
Please list all students in your household that attend school. (Enter the grade they will be entering in Fall, 2021. Write on back to list more.)							
Name of Child		School Attending in Fall 2023				Grade	
	*	_					
	-				<u>\</u>		
	1.5						
	:						
Section	U: On the chart below Circle the number	of people	in vour famil	المرابط المعاريط	معام الطم المد		
section	II: On the chart below, Circle the number	or people	in your ramii	ly, includir	ig all childre	n	
Circle the full number of people in your family including all children regardless of age and adults, below:							
Family		Circle	Est. Annual		If Paid Two	If Paid	NO.
Size (circle	Answer the Question by Circling the Y or N →	Y for Yes,	Income	Monthly	Times a	Every Two	Weekly
one)		N for No	(As Reported to the IRS)	Income	Month	Weeks	Income
1	←If you circled this, do you make more than this →	Y / N	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	←If you circled this, do you make more than this →	Y / N	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\leftarrow If you circled this, do you make more than this \rightarrow	Y / N	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\leftarrow If you circled this, do you make more than this \Rightarrow	Y / N	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\leftarrow If you circled this, do you make more than this \rightarrow	Y / N	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\leftarrow If you circled this, do you make more than this $ ightarrow$	Y / N	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\leftarrow If you circled this, do you make more than this \rightarrow	Y / N	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\leftarrow If you circled this, do you make more than this $ ightarrow$	Y / N	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
More tha	n 8 members? For each additional family member add→		\$9,509	\$793	\$397	\$366	\$183
Income Eligibility Guidelines for Reduced Priced Meals. July 1, 2023-June 30, 2024 (Federal Register / Vol. 88, No. 27 / Thursday, February 9, 2023 / Notices, pg. 8397)							
							-5511)
	III: Read this portion of the form; check or	nly what a	pplies to you	ı, otherwis	se do nothin	g.	
Check each of the following that apply:							
My family qualifies for medical assistance under the Medicaid Program.							
My family qualifies for the free or reduced lunches, breakfasts, snacks or milk at their school(s).							
My family qualifies for the federal Food Stamps Program or Supplemental Nutrition Assistance Program (SNAP).							
My family is receiving Supplementary Security Income (SSI).							
My family is receiving Federal Public Housing Assistance, (Section 8).							
	My family is participating in the Low Inco	ome Home	Energy Assista	nce Progra	m (LIHEAP).		
Section IV: Certification: I certify that the above information is to the best of much as I have been been been been been been been be							
Section IV: Certification: I certify that the above information is, to the best of my knowledge, true and complete.							
igned: Date:							