



August 30, 2017

Dear Parents:

Through our membership in the Maine State Library Network (MSLN), our school is eligible to participate in the Federal E-Rate program and receive Internet access at no charge. In order for our school to remain eligible, we must collect general information regarding the financial status of our students and their families. Financial status data is required under the E-Rate program to determine the discount percentage for telecommunications and Internet access services, and we must provide this information in order to complete the E-Rate application for our school.

Please take a minute to fill out and return the enclosed survey by September 7, 2017 to:

*Carrie Branson
Executive Director
Harpowell Coastal Academy
9 Ash Point Road
Harpowell, ME 04079*

Although returned surveys will be kept on file for 10 years, data that is collected will remain confidential and will not be used for any purpose other than E-Rate. At least 50% of our students' families must participate in this survey to qualify for filing. Failure to reach this benchmark will result in our school losing our E-Rate funded Internet connection through MSLN. These services are worth over \$6000.00 annually.

Your participation in this survey is very important. Thank you for your assistance with this process.

Sincerely,

Carrie Branson

Carrie Branson
Executive Director



Income Survey for E-Rate Calculations

In order for our school to receive access to the Internet through the Maine State Library Network (MSLN), we must provide information regarding the financial status of our students and their families. Please complete and return the form below. In order for the survey to be considered a valid measure, it is important that you return this survey even if your income does not meet the eligibility guidelines. Although surveys will be kept on file for ten years, data that is collected will remain confidential and will not be used for any purpose other than E-Rate.

Record the requested information for your family household.

Family Name: _____

Address (*street address, city, state, zip*): _____

Total size of family (adults and children): _____

Record the requested information for each child in your household in grades K through 12. Write on the back of the survey to list more than four children.

	child 1	child 2	child 3	child 4
Name of child				
Grade of child				

Check any income measure below that is applicable to your family household.

- Eligible for medical assistance under Medicaid
- Eligible for food stamps
- Receives Supplemental Security Income (SSI)
- Receives federal public housing assistance or Section 8
- Receives assistance through the Low Income Home Energy Assistance Program (LIHEAP)

Check the appropriate box below for the size of your family (including all children) if the annual income level for your family is at or below the amount listed for the number of people in your household.

- | <input type="radio"/> | <u># of Household Members Annual</u> | <u>Family Income (185% of the federal poverty guidelines)</u> |
|-----------------------|---|---|
| <input type="radio"/> | 1 | \$21,978 |
| <input type="radio"/> | 2 | \$29,637 |
| <input type="radio"/> | 3 | \$37,296 |
| <input type="radio"/> | 4 | \$44,955 |
| <input type="radio"/> | 5 | \$52,614 |
| <input type="radio"/> | 6 | \$60,273 |
| <input type="radio"/> | 7 | \$67,951 |
| <input type="radio"/> | 8 | \$75,647 |
| <input type="radio"/> | 9 or more | add \$7,696 for each additional person |
| <input type="radio"/> | annual income is more than the amount listed for the size of our family | |

I certify that the information provided above is accurate, and I understand that the collected data will be confidential.

Date _____

Printed Name _____

Signature _____