

HOUSEHOLD INFORMATION SURVEY

Evergreen Local Schools will participate in the Seamless Summer Option (SSO) during the 2021-2022 school year. Under this option, **all children in the school receive a breakfast/lunch at no charge** and without any application. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart. This information will not impact Seamless Summer Option meals in any way.

INCOME GUIDELINES – 185%

Guidelines to be effective from July 1, 2021 through June 30, 2022

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 -digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 7-digit Case Number: _____

Number of Members	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$16,744	\$1,396	\$698	\$644	\$322
2	22,646	1,888	944	871	436
3	28,548	2,379	1,190	1,098	549
4	34,450	2,871	1,436	1,325	663
5	40,352	3,363	1,682	1,552	776
6	46,254	3,855	1,928	1,779	890
7	52,156	4,347	2,174	2,009	1,003
8	58,058	4,839	2,420	2,233	1,117
Each Additional Member Add	+5,902	+492	+246	+227	+114

INSTRUCTIONS: Complete the survey on the back of this form and return to your child's school or mail to the following address:

Evergreen Local Schools
 SSO Lunches
 14544 County Road 6
 Metamora, OH 43540

The following selections must be completed by the Head of Household or Designee:

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

- 4. SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____
Date _____

Last Four (4) Digits of Social Security Number: XXX-XX- _____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address

By providing your email address, you may be contact via email by the district.

For Internal Office Use Only: Please circle one option.	
QUALIFIES	DOES NOT QUALIFY