



RIVERSIDE ACADEMY

HOUSEHOLD INFORMATION SURVEY

RIVERSIDE ACADEMY is participating in the Community Eligibility Option provision under the National School Lunch Program. To determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to **RIVERSIDE ACADEMY**.

INCOME GUIDELINES

Guidelines to be effective from July 1st, 2015 through June 30th, 2016

Persons in Family or Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,775	\$1,815	\$908	\$838	\$419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Add'l Member Add	+7,696	+642	+321	+296	+148

Please use the guideline below to complete the Income Form/ Household Survey:



RIVERSIDE ACADEMY

Directions for completing the Income Forms/Household Information Survey:

NOTE: Only one form is needed per family.

Every family needs to complete the form correctly so that Riverside Academy can participate in the Community Eligibility Option which provides breakfast and lunch to all students at no charge.

There are two ways to complete the form:

- (1) If you have a ten-digit case number, follow **CASE NUMBER DIRECTIONS**.
- (2) If you do not have a ten-digit case number, follow **TOTAL MONTHLY INCOME DIRECTIONS**

CASE NUMBER DIRECTIONS: If any member of your household receives benefits from Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) OR Ohio Works First

- list the name of the person who receives the benefits on the line in the top box and provide the TEN DIGIT CASE NUMBER.
- Complete #1, SIZE OF FAMILY—total number of adults and children in the household
- Complete #2, list each student pre-K through grade 12 in the household, birthdates, school
- *SKIP #3 Total Household Monthly income IF YOU PROVIDED A TEN-DIGIT CASE NUMBER*
- Complete #4, sign and print name
- Give the last four digits of the social security number
- Give street address, city, and zip code
- Give the HOME phone number
- Give the work phone and email address if you have one

TOTAL MONTHLY HOUSEHOLD INCOME DIRECTIONS:

- *You do not have a ten-digit case number from SNAP or OWP, so skip the box at the top.*
- Complete #1, SIZE OF FAMILY—total number of adults and children in the household
- Complete #2, list each student pre-K through grade 12 in the household, birthdates, school
- **Complete #3, report income for all members of the household as directed**
- Complete #4, sign and print name
- Give the last four digits of the social security number
- Give street address, city, and zip code
- Give the HOME phone number
- Give the work phone and email address if you have one

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 10-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: _____ 10-Digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the address listed above.

These 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 12th grade

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

If you need additional lines, 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, you do not need to 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".

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 Adult Social Security Number XXX-XX-_____ I do not have a Social Security Number _____

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address
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By providing your email address, you may be contact via email by the district

For Office Use Only:

Circle One

QUALIFIES

DOES NOT QUALIFY