



Dr. David H. Hall
Superintendent

OBERLIN CITY SCHOOL DISTRICT
AN EXCELLENT INTERNATIONAL BACCALAUREATE WORLD DISTRICT
153 NORTH MAIN STREET, OBERLIN, OHIO 44074
440.774.1458 (PHONE) 440.774.4492 (FAX)
WWW.OBERLIN.K12.OH.US



Angela Dotson
Treasurer

HOUSEHOLD INFORMATION SURVEY

Prospect Elementary is participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, 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 your student's building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185%

Guidelines to be effective from July 1, 2016 through June 30, 2017

Persons in Family or Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
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

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: _____



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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

- SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____
- 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

- 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)	\$	

- 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 Adult 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 Office Use Only:

Circle One

QUALIFIES

DOES NOT QUALIFY