



Pride and Progress

# MT. HEALTHY CITY SCHOOLS

## FOOD SERVICE DEPARTMENT

7615 Harrison Avenue, Cincinnati, Ohio 45231

Phone (513) 728-4972 · Fax (513) 728-4691

[www.mthcs.org](http://www.mthcs.org)

### 2018-2019 HOUSEHOLD INFORMATION SURVEY

Mt. Healthy City School District will participate in the Community Eligibility Option (CEO) provision under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. 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.

#### INCOME GUIDELINES – 185%

Guidelines to be effective from July 1, 2018 through June 30, 2019

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional member add	+7,992	+666	+333	+308	+154

**\*\* IMPORTANT \*\*** Effective July 1, 2017 fee waivers for previous school years will no longer be accepted or processed. Fees will only be waived for the current school year.

Fee waiver forms must be completed each year and returned to the treasurer's office no later than April 15<sup>th</sup>. Fee waivers after this date will not be processed or accepted.

Please complete the form on the back of this page, in its entirety. Incorrect or incomplete forms will delay the processing of your fee waiver request.

This institution is an equal opportunity provider

# 2018-2019 Household Information Survey

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 in its entirety and return to your child’s school or mail to the following address:  
Mt. Healthy School District Administrative Office, 7615 Harrison Avenue, Cincinnati, OH 45231.

**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
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

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-XXX-\_\_\_\_\_  I do not have a Social Security Number

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

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

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**For Internal Use Only:**

Please circle one option

QUALIFIES
  DOES NOT QUALIFY