

HOUSEHOLD INFORMATION SURVEY

Rolling Hills Local School District 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 an 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 form 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 free meals in any way.

INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2021 through June 30, 2022

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional member add	+8,399	+700	+350	+324	+162

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: _____

This institution is an equal opportunity provider.

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

Meadowbrook High School, c/o Food Service Department, 58615 Marietta Rd. Byesville, OH 43723

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

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

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 on page 1, 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: X _____ 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 _____

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