

Northwest Academy  
 1441 West 116<sup>th</sup> Street  
 Cleveland, Ohio 44102  
 216-226-6800

### HOUSEHOLD INFORMATION SURVEY

**NORTHWEST 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 your students building if your income falls within or below the guidelines listed in the following chart:

### INCOME GUIDELINES

Guidelines to be effective from July 1<sup>st</sup>, 2015 through June 30<sup>th</sup>, 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  |
| <b>Each Add'l Member Add</b>        | +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: \_\_\_\_\_

**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 12<sup>th</sup> grade

| Last Name | First Name | Birth Date<br>MM-DD-YY | School | Identify<br>H if Homeless<br>M if Migrant<br>R if Runaway<br>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<br>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".

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 contacted via email by the district.

**For Office Use Only:**

Circle One

QUALIFIES

DOES NOT QUALIFY