

Xenia Community Schools
819 Colorado Dr.
Xenia, OH 45385
937-376-2961

HOUSEHOLD INFORMATION SURVEY

Arrowood, Cox, McKinley, Shawnee, and Tecumseh Elementary Schools as well as Warner Middle School will participate in the Community Eligibility Option (CEP) 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	1,480	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	2,402	1,201
7	70,411	5,868	2,934	2,701	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional member add	+7,992	+666	+333	+308	+154

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 following address: Xenia Community Schools, 819 Colorado Dr., Xenia, OH 45385.

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
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: _____
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 _____
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By providing your email address, you may be contact via email by the district.

For Internal Office Use Only:

Please circle one option.

QUALIFIES

DOES NOT QUALIFY



XENIA

COMMUNITY SCHOOLS

GABRIEL E. LOFTON, PhD, SUPERINTENDENT
ERIC J. SOLTIS, MBA, TREASURER/CFO

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Household Information Survey may be shared with other programs for which your child(ren) may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get no cost meals.**

☐ No! I **DO NOT** want information from my Household Information Survey or Direct Certification Eligibility to qualify for a **Waiver of Instructional Fees**.

☐ Yes! I **DO** want school officials to share information from my Household Information Survey or Direct Certification Eligibility to qualify for a **Waiver of Instructional Fees**.

COMPLETE ONE FORM PER FAMILY

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

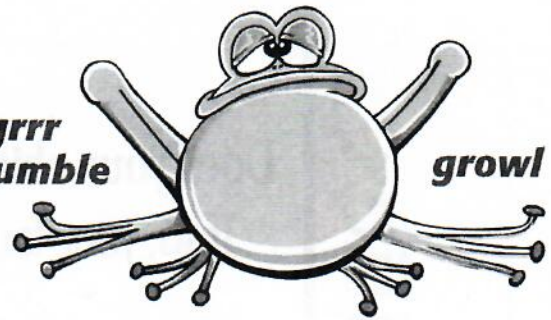
For more information, you may call the **Food Service Director** at (937) 562-9030.
Return this form to: 819 Colorado Dr., Xenia, OH 45385

This form must be completed to have instructional fees waived for the 18/19 school year. Fees will be the responsibility of the parent/guardian if the form is not turned in by June 30, 2019. If you want to verify that your form has been received, please contact the district food service office at the number listed above. The district is not responsible for lost forms or fees from a prior school year.

This institution is an equal opportunity provider.

WHY

*grrr
grumble*



start the day with a growling stomach?

Come to School Breakfast everyone is welcome!

School Name: The Xenia Community Schools Food Service Department offers breakfast daily at all locations for grades K-12.

Breakfast Times: K-5 Buildings (8:45-9:10) Middle Schools & XHS (7:00-7:25)

Location Served: Cafeteria

Other info: Students eligible for free or reduced price lunch are also eligible for free or reduced price breakfast. If you have questions, please call 937-562-9030.

