

## Income Eligibility Guidelines 2021-22

**1. Student Information:** Please clearly print Name, Grade & School of Child/Children:

Name of Student	Grade	School

*Additional names on back if necessary*

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number below for the person receiving the benefits. **Then proceed to Section 4, no income information is needed.** If no one receives these benefits, continue on with Section 2.

Name: \_\_\_\_\_ 10-Digit Case Number: \_\_\_\_\_

**2. Purpose of Reporting Household Income:** Federal programs provide a variety of materials and services for children, teachers and our school. These include additional educational assistance for students, teacher workshops, Internet connectivity, and others. Nearly every Federal program uses low-income data to determine funding.

Please calculate **Total Household Income**, include all income for all household members (related or unrelated) living in your home before taxes. Sources of income include:

<i>Gross Earnings: Wages, Salary, Commissions</i> <i>Payments from Pensions, Retirement, Social Security</i> <i>Worker's Compensations, Unemployment, Strike Benefits</i>	<i>TANF Payments, Child Support, Alimony</i> <i>Dividends or Interest on Savings</i> <i>Other income (SSI, VA, Disability, Farm)</i>
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**TOTAL HOUSEHOLD INCOME BEFORE TAXES \$\_\_\_\_\_ (WEEKLY, MONTHLY OR YEARLY)**

**3. ELIGIBLE?** On the chart below, start at the far left and **CIRCLE** the total number of household members, whether they receive income or not. Next, determine where the total income of all these household members would fall on the chart either weekly **OR** monthly **OR** yearly in the Free section or the Reduced section. Circle where the combined household income would fall. If the total income is more than any of the amounts listed next to your number of household members, circle NA (Not Applicable, Not Eligible).

# in house	Eligibility for Free Lunch			OR	Eligibility for Reduced Lunch			
	Weekly	Monthly	Yearly		Weekly	Monthly	Yearly	
1	\$322	\$1,396	\$16,744		\$459	\$1,986	\$23,838	NA
2	\$436	\$1,888	\$22,646		\$620	\$2,686	\$32,227	NA
3	\$549	\$2,379	\$28,548		\$782	\$3,386	\$40,626	NA
4	\$663	\$2,871	\$34,450		\$943	\$4,086	\$49,025	NA
5	\$776	\$3,363	\$40,352		\$1,105	\$4,786	\$57,424	NA
6	\$890	\$3,855	\$46,254		\$1,266	\$5,486	\$65,823	NA
7	\$1,003	\$4,347	\$52,156		\$1,428	\$6,186	\$74,222	NA
8	\$1,117	\$4,839	\$58,058		\$1,589	\$6,886	\$82,621	NA
<i>if more</i>	+\$114	+\$492	+\$5,902		+\$162	+\$700	+\$8,399	

**4. Certification of Income:** I Certify that all of the above information is true and correct, and all income is reported if required. I understand that this information is being given for the receipt of federal funds, and that school officials may verify the information on the form. This income information is strictly confidential.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date