



## HOUSEHOLD INFORMATION SURVEY

**Albert Einstein Academy** is participating in the Community Eligibility Option. In order 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 student's building if your income falls within or below the guidelines listed in the following chart. **This form is required to be considered for eligibility for waived or reduced school instructional fees.**

FEDERAL ELIGIBILITY INCOME CHART For School Year 2020 - 2021			
Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
Each additional person:	+8,288	-691	+160

**1. WHO CAN GET FREE OR REDUCED FEES?**

- All children in households receiving benefits from supplemental nutrition assistance program (SNAP) or Ohio Works First (OWF) are eligible.
- **Foster children that are under the legal responsibility of a foster care agency or court are eligible.**
- Children who meet the definition of homeless, runaway, or migrant are eligible.
- Children whose families fall at or below the limits on the Federal Income Eligibility Guidelines.

**2. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. You can use one form for the entire family.

**3. DO I NEED TO FILL OUT A NEW APPLICATION IF I QUALIFIED IN PREVIOUS YEARS?** Yes. You must fill out one new form each school year.

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 K through 12<sup>th</sup> grade

Last Name	First Name	Birth Date MM-DD-YY	School	Identify H if Homeless M if Migrant R if Runaway 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 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 Adult Social Security Number: XXX-XX- \_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone	Work Phone	Email Address
		<small>By providing your email address, you may be contact via email by the district</small>

<b>For Office Use Only:</b>	
Circle One	
QUALIFIES	DOES NOT QUALIFY