



Pride and Progress

MT. HEALTHY CITY SCHOOLS

FOOD SERVICE DEPARTMENT

7615 Harrison Avenue, Cincinnati, Ohio 45231

Phone (513) 728-4972 · Fax (513) 728-4691

www.mthcs.org

2021-2022 HOUSEHOLD INFORMATION SURVEY

Mt. Healthy City 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 any 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 application 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 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

**** IMPORTANT **** Effective July 1, 2017 fee waivers for previous school years are no longer accepted or processed. Fees will only be waived for the current school year.

Fee waiver forms must be completed each year and returned to the treasurer's office no later than April 15th. Fee waivers after this date will not be processed or accepted.

Please complete the form on the back of this page, in its entirety. Incorrect or incomplete forms will delay the processing of your fee waiver request.

This institution is an equal opportunity provider

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 7-10 digit case number for the person who receives the benefits then proceed to Section 4.

Name: _____ 7-10 digit Case Number: _____

INSTRUCTIONS: Complete this survey in its entirety and return to your child's school or mail to the following address:
Mt. Healthy School District Treasurer's Office, 7615 Harrison Avenue, Cincinnati, OH 45231.

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-XXX-_____

☐ I do not have a Social Security Number

Address _____ ☐ City/State _____ Zip Code _____

Home Phone _____ Work Phone _____ Email _____

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

This institution is an equal opportunity provider