Pathway School of Discovery (50) 173 Avondale Dr. Dayton, OH 44123-3317 Phone: 877-642-6325 Email: Lunch@nhaschools.com

## HOUSEHOLD INFORMATION SURVEY

Pathway School of Discovery will participate in the Community Eligibility Provision (CEP) 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.

## Number of Twice per Every two persons in Annual Monthly Weekly month weeks family or household size 1 \$27,861 \$2,322 \$1,161 \$1,072 \$536 2 37,814 3,152 1,576 1,455 728 3 47,767 3.981 1,991 1,838 919 4 57,720 4,810 2,405 2,220 1,110 5 67,673 5,640 2,820 2,603 1,302 6 77,626 6,469 3,235 2,986 1,493 7 87,579 7,299 1.685 3,650 3,369 8 97,532 8.128 4,064 3,752 1,876 Each additional +9,953 +830 +415 +383 +192 member add

INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2024 through June 30, 2025

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 -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:\_\_\_\_\_

7-digit Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete this survey and return to your child's school or mail to the following address: **Pathway School of Discovery (50) 173 Avondale Dr, Dayton, OH 44123-3317 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 <u>Page 2.</u>

3. **TOTAL <u>MONTHLY</u> 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 Date		Print Name:		
Last Four (4) Digits of	Social Security Number: XXX-XX-	I do not ha	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 contact via email by the district.	
	For Internal Office Use Only Please circle one option.	:		

QUALIFIES

DOES NOT QUALIFY