>>>>>THIS FORM MUST BE PRINTED & COMPLETED<

Berea City School District Household Income Survey 2025-2026 SY

Berea City School District 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 whether or not 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, 2025 through June 30, 2026

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$28,953	2,413	1,207	1,114	557
2	\$39,128	3,261	1,631	1,505	753
3	\$49,303	4,109	2,055	1,897	949
4	\$59,478	4,957	2,479	2,288	1,144
5	\$69,653	5,805	2,903	2,679	1,340
6	\$79,828	6,653	3,327	3,071	1,536
7	\$90,003	7,501	3,751	3,462	1,731
8	\$100,178	8,349	4,175	3,853	1,927
Each additional member add:	\$10,175	848	424	392	196

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 1. You do not have to fill out income in section 3.

Name: 7-digit Case Number:

For Internal Office Use Only:

Please circle one option.

QUALIFIES [

DOES NOT QUALIFY

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address: Food Service Supervisor, 390 Fair Street, Berea OH 44017. 216-898-300 ext. 6230 or cbeegle@bereaschools.org. 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 stu 	udent Pre-K through Grade 12.	You MUST Fill out this portion!

Last Name	First Name	Birth Date MM-DD-Y Y	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 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 Incom e
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.

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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	Л			
Last Four (4) Digits of Social Security Number: XXX-XX I do not have a Social Security Number				
Address		City Z	ip Code	
Home Phone	Work Phone	Email Address		
		By providing your email address, you may be contact via e	mail by the	