

Batavia City School District
 260 State Street
 Attention: Susan Presher
 Batavia, NY 14020

2018 HOUSEHOLD INFORMATION SURVEY

Batavia City School District will participate in the Community Eligibility Option (CEP) provision 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. One form per household.

INCOME GUIDELINES – 185%
Guidelines to be effective from July 1, 2018 through June 30, 2019

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$430
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional member add	+7,992	+666	+333	+308	+154

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Medicare, provide the name and 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 following address:** Batavia City School District 260 State Street Attention: Susan Presher Batavia, NY 14020 585-343-2480 x1007

The Head of Household or Designee must complete the following selections:

- 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-XX- _____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone	Work Phone	Email Address
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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