



ADMINISTRATIVE OFFICES
9530 Bauer Avenue, Windham, Ohio 44288

PH. 330-326-2711

FAX 330-326-2134

Board of Education

Daniel Burns Elaine Grant
Darryl McGuire Lindsey Paoella
Melissa Roubic

Administration

Gregory Isler
Superintendent
Samantha Pochedly
Treasurer

Sept. 22, 2016

Dear Parents,

Windham Exempted Village School District is participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that our schools may qualify for, **please complete, sign and return this application to the Board of Education Office in the envelope provided.**

If you have any questions or concerns please do not hesitate to contact us at 330-326-2711 ext. 501.

Thank you,

Samantha Pochedly

Samantha Pochedly
Treasurer

HOUSEHOLD INFORMATION SURVEY

INSTRUCTIONS: Please complete the survey and return it to the Board of Education Office in the envelope provided. These selections must be completed by the Head of Household or Designee

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: _____

Section 1

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____

Section 2

2. **STUDENT INFORMATION** - Complete for each student Pre-K through 12th 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

Section 3

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
Total Monthly Household Income (Add lines 1-6)	\$	

Section 4

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- _____ 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