

Northern Local School District  
8700 Sheridan Rd.  
Thornville, OH 40376

### **Community Eligibility Provision**

Dear Parent or Guardian:

We are pleased to inform you that **Northern Local School Grades K-12** will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for School Year 2024-2025.

#### **What does this mean for you and your children attending the school(s) identified above?**

Great news for you and your students! All enrolled students of Northern Local Schools Grades K-12 are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the 2024-25 school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

If we can be of any further assistance, please contact us at 740/743-1303.

Sincerely,

Clinton Rhodes

Director of Operations  
and Food Services

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**INSTRUCTIONS:** Complete this survey and return to your child’s school or mail to the following address:

Northern Local School District, 8700 Sheridan Road, Thornville, OH, 43076.

**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

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
<b>Total Monthly Household Income (Add Lines 1-6)</b>	\$	

**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
		By providing your email address, you may be contacted via email by the district.

**For Internal Office Use Only:** Please circle one option.

QUALIFIES                       DOES NOT QUALIFY

**HOUSEHOLD INFORMATION SURVEY**

Northern Local 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 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.

**INCOME GUIDELINES – 185%**

**Guidelines to be effective from July 1, 2024 through June 30, 2025**

Number of persons in family or household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
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	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional member add	+9,953	+415	+415	+383	+192

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 that 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 \_\_\_\_\_