



South Euclid-Lyndhurst School District
5044 Mayfield Rd
Mayfield, Ohio 44024
216-691-2011

THIS FORM MUST BE PRINTED & COMPLETED

HOUSEHOLD INFORMATION SURVEY

South Euclid-Lyndhurst Schools participates in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive breakfast/lunch at no charge, regardless of whether 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 the South Euclid-Lyndhurst Board of Education 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, 2026 through June 30, 2027

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$29,526	\$2,461	\$1,231	\$1,136	\$568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
Each additional member add	+10,508	+876	+438	+405	+203

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:

I want school officials to share information from this income sheet for use in determining if my student's school fees, college assessment fees and other eligible programs are subject to reduction. School fees may include elective/classroom fees, lab fees, supply fees, field trips and any fee related to instruction.

Parent/Guardian Printed Name

Parent/Guardian Signature

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address:
LaQuita Creel, Administration Assist to the Treasurer at 5044 Mayfield Rd, OH, 44024 or email
creell@sel.k12.oh.us. If you have questions, please call 216-691-2011.

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.				

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 the 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 _____
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