Bedford City Schools
3 Hemisphere Way
Bedford, OH 44146
440-439-1500

HOUSEHOLD INFORMATION SURVEY

Bedford City Schools 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 and 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, 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:

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address: Bedford City Schools, 3 Hemisphere Way, Bedford, OHIO, 44146.

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.				
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
		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