



# ST. VINCENT DE PAUL PARISH SCHOOL

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September 2018

Dear Parents and Guardians,

All of the families in our school are asked to review and complete the income form which accompanies this letter. This information is very important to ensure our continued participation in federal and state programs. These programs provide a variety of materials and services for the children and teachers in our school. Your individual income information remains confidential. The school districts use the school averages of income information for the allocation of funds.

Please return the form to school by October 10, 2018. Feel free to contact me if you have any questions.

Thank you,

Mrs. Diane Salamon

Principal

## Income Eligibility Guidelines 2018-19

1. **Student Information:** Please clearly print Name, Grade & School of Child/Children:

Name of Student	Grade	School

*Additional names on back if necessary*

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number below for the person receiving the benefits. **Then proceed to Section 4, no income information is needed.** If no one receives these benefits, continue on with Section 2.

Name: \_\_\_\_\_ 10-Digit Case Number: \_\_\_\_\_

2. **Purpose of Reporting Household Income:** Federal programs provide a variety of materials and services for children, teachers and our school. These include additional educational assistance for students, teacher workshops, Internet connectivity, and others. Nearly every Federal program uses low-income data to determine funding.

Please calculate **TOTAL INCOME** in your household including all income for all household members (related or unrelated) living in your home. Sources of income include:

*Gross Earnings: Wages, Salary, Commissions  
Payments from Pensions, Retirement, Social Security  
Worker's Compensations, Unemployment, Strike Benefits*

*TANF Payments, Child Support, Alimony  
Dividends or Interest on Savings  
Other income (SSI, VA, Disability, Farm)*

3. **Household Income:** Please **CIRCLE** the total number of household members, whether they receive income or not. Next, **CIRCLE** the total income of all these household members before taxes either weekly **OR** monthly **OR** yearly. If the total income is more than any of the amounts listed next to your number of household members, circle N/A.

Total number in Household	Weekly Income (or less)	Monthly Income (or less)	Yearly Income (or less)	Income is higher than listed
1	\$432	\$1,872	\$22,459	N/A
2	\$586	\$2,538	\$30,451	N/A
3	\$740	\$3,204	\$38,443	N/A
4	\$893	\$3,870	\$46,435	N/A
5	\$1,047	\$4,536	\$54,427	N/A
6	\$1,201	\$5,202	\$62,419	N/A
7	\$1,355	\$5,868	\$70,411	N/A
8	\$1,508	\$6,534	\$78,403	N/A

Each addtl member:                    +\$154                                    +\$666                                    +\$7,992

4. **Certification of Income:** I Certify that all of the above information is true and correct, and all income is reported if required. I understand that this information is being given for the receipt of federal funds, and that school officials may verify the information on the form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
DATE