

ASSISTANCE



FAMILY ASSISTANCE APPLICATIONS

WCS will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all students enrolled at WCS can receive a free breakfast and lunch meal each school day, regardless if you complete this form. However, to determine eligibility for various additional state and federal program benefits your child's school may qualify for, we encourage you to complete, sign, and submit the form (reverse side) if your income falls within or below the guidelines below.

INCOME ELIGIBILITY GUIDELINES

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

# 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 person add	+9,953	+830	+415	+383	+192

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

WILMINGTON CITY SCHOOLS, 341 S. Nelson Ave, Wilmington, OH 45177

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: _____ 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:

Check only one option

___ QUALIFIES

___ DOES NOT QUALIFY