



TWINSBURG CITY SCHOOL DISTRICT

11136 Ravenna Road • Twinsburg OH 44087-1022

Phone: (330) 486-2000

Fax: (330) 425-7216

August 2021

Dear Parent/Guardian:

Twinsburg City Schools will participate in the Seamless Summer Option (SSO) during the 2021-22 school year. Under this option, **all children in the school receive a breakfast/lunch at no charge** and without any application. However, to determine eligibility for full or partial waiver of School Fees and/or Pay to Participate Fees as well as various other state and federal program benefits that your child’s school may qualify for, please complete, sign and return this application to your school principal if your income falls within or below the guidelines listed in the following chart. This information will not impact Seamless Summer Option meals in any way.

INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2021 through June 30, 2022

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional member add	+8,399	+700	+350	+324	+162

Please contact our District Food Service Supervisor, Mark Bindus at mbindus@twinsburgcsd.org with any questions.

Sincerely,

Kathi Powers
Superintendent

PLEASE TURN OVER



INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address: Twinsburg City Schools, 10084 Ravenna Road, Twinsburg, OH 44087

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.

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: _____

- 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 and I understand that the school officials may verify (check) the information. I understand that by signing below, I am giving my permission to to share this meal application information with school officials to determine if my child(ren) qualify for a fee waiver. 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 _____
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By providing your email address, you may be contact via email by the district.

For Internal Office Use Only: Please circle one option.

QUALIFIES
 QUALIFIES FOR ½ FEES
 DOES NOT QUALIFY