# KINDERGARTEN TUITION DETERMINATION FORM

**ALL HOUSEHOLD MEMBERS**

| Names of all household members (First, Middle Initial, Last) | Name of school and school grade level for each child/or indicate "NA" if child is not in school. School | Grade | Check if a foster child (legal responsibility of welfare agency or court) *If all children listed below are foster children, skip to Part 5 to sign this form. | Check if No Income |
|---|---|---|---|---|
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |

**BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formally Food Stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits.
NAME: _____ 10-DIGIT CASE NUMBER: _____

**TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

| NAME (List all household members with income) | 2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Earnings from work before deductions | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Welfare, child support, alimony | Weekly | Every 2 Weeks | Twice Monthly | Monthly | Pensions, retirement, Social Security, SSI, VA benefits | Weekly | Every 2 Weeks | Twice Monthly | Monthly | All Other Income (indicate frequency, such as "weekly" "monthly" "quarterly" "annually" |
| *(Example) Jane Smith* | $200 | ☒ | ☐ | ☐ | ☐ | $150 | ☐ | ☒ | ☐ | ☐ | $0 | ☐ | ☐ | ☐ | ☐ | $50.00/quarterly |
| | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $_____/_____ |
| | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $_____/_____ |
| | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $_____/_____ |
| | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $_____/_____ |
| | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | $_____/_____ |

***NOTE – THIS FORM IS FOR KINDERGARTEN TUITION DETERMINATION ONLY. A DIFFERENT FORM MUST BE COMPLETED FOR FREE AND REDUCED MEAL BENEFITS. THESE FORMS WILL BE AVAILABLE ONLINE AND AT YOUR CHILD'S SCHOOL AFTER AUGUST 15TH.**

**SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under State and Federal statutes.*

Sign here: X_____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _ _ _ _ ☐ I do not have a Social Security Number

**Don't fill out this part. This is for school use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Reason: _____
Determining/Approval Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Follow-up Official's Signature: _____ Date: _____
If selected for Verification, Date Verification Notice Sent: _____ Response Date: _____ 2nd Notice Sent: _____ Results Sent: _____
Verification Result: No Change _____ Free to Reduced Price _____ Free to Paid _____ Reduced Price to Free ____ Reduced Price to Paid ____