

INSTRUCTIONS FOR APPLYING
A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR OHIO WORKS FIRST (OWF), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and grade level for each child.
Part 2: List the 7 or 10-digit case number for any household member (including adults) receiving SNAP or OWF benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

IF NO ONE IN YOUR HOUSEHOLD RECEIVES SNAP OR OWF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and grade level for each child.
Part 2: Skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 3120** to see if your child(ren) qualify.
Part 4: Complete only if a child in your household isn't eligible under Part 3. See Instruction for All Other Households.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary if you didn't need to complete in part 4.
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

- Part 1:** List all foster children and the school name and grade level for each child. Check the box indicating the child is a foster child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

If some of the children in the household are foster children:

- Part 1:** List all household members and the name of school and grade level for each child. For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
Part 2: If the household does not have a SNAP or OWF 7 or 10-digit case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 3120**. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.
 - **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, list the **gross income**, not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to tell us how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.**Part 5:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he or she doesn't have one).
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the school name and grade level for each child. For any person, including children, with no income, you must check the "No Income Box".
Part 2: If the household does not have a SNAP or OWF 7 or 10-digit case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call **Diocese of Cleveland / Nutrition Services (216) 696-6525 Ext. 3120**. If not, skip this part.
Part 4: Follow these instructions to report total household income from this month or last month.
 - **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly. For earnings, list the **gross income**, not take-home pay. Gross income is the amount earned *before* taxes and other deductions and can be found on your pay stubs. For other income, list the amount and check the box to tell us how often each person received assistance from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed report income after expenses under *Earnings from Work*. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive combat pay, do not include these allowances as income.**Part 5:** An adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).
Part 6: We are required to ask for info about your children's race and ethnicity. Responding to this is optional and does not affect eligibility.