



1259 Industrial Drive, Saline, MI, 48176
SalineSocialService.com
Phone: 734.429.4570
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2024-2025 CLIENT REGISTRATION

Deadline: 2:30 p.m. April 18, 2024

Dear Clients,

Registration and requalification for SASS services for the 2024-2025 calendar year is now open. Even if you have completed registration recently, SASS is requiring all paperwork to be submitted again to qualify for SASS programs during the 2024 calendar year through April 17, 2025.

SASS provides a limited supply of food to anyone in need of help, regardless of household income. If your household income exceeds 200% of the federal poverty level, you are eligible to receive a to-go bag of food each week.

SASS client aid programs available to households with income below 185% of the federal poverty level include: full pantry, toiletries, paper products, cleaning supplies, emergency rent assistance, utility assistance, car repair and transportation costs, prescription co-pays, holiday meal programs, December adopt-a-family program, youth backpacks, shoes, school supplies, financial aid towards summer camps and after school sports, music and enrichment programs, youth winter gear including boots, snow pants, birthday gifts, and more.

Required Paperwork:

- 2023 federal income tax return for all adults in the household
- Documentation of all income for all members of your household (SSI, SSDI, Child support, unemployment, foster child monthly stipend, pension, annuities)
- Current lease
- One additional proof of residency in the Saline School District or proof of School of Choice (accepted documentation includes lease, water bill, DTE bill, school of choice letter, or most recent student report card)
- Photo identification for ALL adults in the household
- Completed Client Registration Form
- Link2Feed Registration Form
- Report card for all school-aged children (most recent)

Please note that failure to submit all paperwork by **2:30 p.m. on April 18, 2024**, will reduce services until all paperwork is provided. If you have questions, please give us a call at 734-429-4570 during office hours.

Sincerely,

Marti and Glenna



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Notes



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2024 CLIENT REGISTRATION FORM

Date: _____

Primary Contact: _____

Phone: _____ Email: _____

Address: _____ Current Housing? *Own Rent Other*

Is there a veteran in your household? *Yes No* Who? _____

How did you hear about SASS? _____

Examples of income sources:

Employment Wages	Child Support	Supplemental Security Income
Pension	Social Security (Retirement/Survivors)	Social Security Disability Insurance
Unemployment	Disability/Worker's Compensation	Other Income

HOUSEHOLD MEMBERS

(Please list all, including yourself.)

Head of Household Name: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time Part-time Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes No* Do you receive benefits from: *Medicare Medicaid*

Type(s) of Social Security (if applicable): *Supplemental Disability Retirement Survivors*

Do you have a disability? *Yes No* Is English your first language? *Yes No*

Level of Education: _____ Degree (if applicable): _____

Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time Part-time Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes No* Do you receive benefits from: *Medicare Medicaid*

Type(s) of Social Security (if applicable): *Supplemental Disability Retirement Survivors*

Do you have a disability? *Yes No* Is English your first language? *Yes No*

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Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes* *No* Do you receive benefits from: *Medicare* *Medicaid*

Type(s) of Social Security (if applicable): *Supplemental* *Disability* *Retirement* *Survivors*

Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____

Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

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Level of Education: _____ Degree (if applicable): _____

Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

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Level of Education: _____ Degree (if applicable): _____



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Additional Household Member: _____ Relationship to HOH: _____

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Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

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Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____

Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes* *No* Do you receive benefits from: *Medicare* *Medicaid*

Type(s) of Social Security (if applicable): *Supplemental* *Disability* *Retirement* *Survivors*

Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____

Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

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Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____



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Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

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Type(s) of Social Security (if applicable): *Supplemental* *Disability* *Retirement* *Survivors*

Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____

Is there anything else we should know?

FAQs

How do I know if I qualify?

To qualify for SASS’s services beyond food assistance, your household income must not exceed 200% of the national poverty level (see table) and you must either live within the boundaries of the Saline Area School District or have a child that attends Saline Area Schools.

Income Eligibility* 2024-2025					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Every Week
1	\$30,120	\$2,510	\$1,255	\$1,158	\$579
2	\$40,880	\$3,407	\$1,703	\$1,572	\$786
3	\$51,640	\$4,303	\$2,152	\$1,986	\$993
4	\$62,400	\$5,200	\$2,600	\$2,400	\$1,200
5	\$73,160	\$6,097	\$3,048	\$2,814	\$1,407
6	\$83,920	\$6,993	\$3,497	\$3,228	\$1,614
7	\$94,680	\$7,890	\$3,945	\$3,642	\$1,821
8	\$105,440	\$8,787	\$4,393	\$4,055	\$2,028
For Each Additional	\$10,760	\$897	\$448	\$414	\$207
*200% of Poverty Level as determined by the U.S. Department of Health and Human Services					

Note: Saline Area Social Service, Inc. utilizes the Department of Health & Human Services Poverty Guidelines to determine financial eligibility for services. The Agency utilizes 200% of the poverty guidelines.

Can I still receive aid if I do not meet the SASS qualifications and my income exceeds 185% of the national poverty level?

Yes, SASS provides a limited supply of food to anyone in need of help; however, you will not be eligible for the rest of our programs or our full pantry privileges.

I do not have all the required paperwork. Can I still qualify?

SASS will not accept incomplete paperwork. If you have questions, please call the SASS office at 734-429-4570.

My 2023 income tax form 1040 does not reflect my current financial situation. Do I still need to include this in my paperwork submission?

Yes. SASS still requires this documentation as part of our registration process.

What if my household income changes after registering for 2024?

Please report any significant changes in your household income so we may reevaluate your file to determine program eligibility.



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What if I have court-ordered deductions from my income, such as garnishments, child support, alimony, etc.?

Please report and provide documentation of any court-ordered deductions from your income, if applicable. SASS takes special circumstances into consideration when accessing program eligibility.

What are the SASS programs that my household would be eligible for once I have submitted all the required paperwork, and my income falls below 200% of the federal poverty level?

In addition to weekly food assistance, your household will qualify for emergency rent assistance, utility assistance, car repair and transportation costs, prescription co-pays, December adopt-a-family program, holiday meal programs, youth backpacks, shoes, school supplies, financial aid towards summer camps and after school sports, music and enrichment programs, youth winter gear including boots, snow pants, birthday gifts and more.

Can I receive aid from SASS if I do not submit my paperwork by April 18, 2024?

Yes, SASS provides food to anyone in need of help, however, your household will only be eligible for a limited supply of groceries and will not be eligible for full pantry privileges or income-based programs until all your paperwork is submitted.

I just turned in my paperwork in 2023 – do I need to submit all my paperwork again?

Yes. SASS requires every household to re-register with SASS each year, meaning all paperwork, including your 2023 income tax form 1040, must be submitted again to qualify for the 2024 SASS programs.

If I have an emergency need, such as rent, utility assistance or car repair, is additional paperwork needed?

Yes. Please contact SASS at 734-429-4570 and ask to talk with Marti or Glenna to discuss the additional requirements needed to help us provide further aid.

I have additional questions. What do I do?

Call 734-429-4570 during SASS business hours and ask to speak to Marti or Glenna:

Monday 10:00 a.m. – 6:00 p.m.

Tuesday 10:00 a.m. – 2:30 p.m.

Wednesday 10:00 a.m. – 2:30 p.m.

Thursday 10:00 a.m. – 2:30 p.m.

Friday, Saturday, Sunday Closed