

Phone: 734.429.4570

Glenna Rehder Chief Operations Officer grehder@salinesocialservice.com

2025-2026 CLIENT REGISTRATION

_	_			
Dear	(lιe	nt	٦,

Registration for SASS services for the 2025-2026 calendar year.

SASS provides a limited supply of food to anyone in need of help, regardless of residency or household income. If your household income exceeds 200% of the federal poverty level, you are still eligible to receive food each week. If you reside outside of the Saline district you are eligible for a to go bag of food.

SASS client aid programs available to households with income below 200% of the federal poverty level who live in or attend the Saline Area School District are eligible to receive SASS client aid programs including: full pantry shopping, 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, and more.

Requir	ed Paperwork:
	2024 federal income tax return (first page of the 1040) for all adults in the household
Ц	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 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 - in office form to be filled out at SASS
	Link2Feed Registration Form - in office from to be filled out at SASS
	Report card for all school-aged children (most recent)
	note that failure to submit all paperwork, will reduce services until all paperwork is provided. If ve questions, please give us a call at 734-429-4570 during office hours.
	Sincerely,
	SASS Client Services



Phone: 734.429.4570

2025 CLIENT REGISTRATION FORM

		Date:
Primary Contact:		
Phone:	Email:	
Address:		Current Housing? Own Rent Other
Is there a veteran in yo	our household? Yes No Who?	
How did you hear abo	ut SASS?	
kamples of income sources: mployment Wages ension nemployment	Child Support Social Security (Retirement/Survivor Disability/Worker's Compensation	Supplemental Security Income Social Security Disability Insurance Other Income
	HOUSEHOLD MEMBE (Please list all, including yo	ourself.)
Head of Household Na	ame:	
Date of Birth:	Gender:	Race/ethnicity:
Marital Status:	Employed? Full-time	e Part-time Not employed
Income Sources:		
Receive SNAP benefits	s? Yes No	
Type(s) of Social Secui	rity (if applicable): Supplemental Dis	sability Retirement Survivors
Do you have a disabilit	ry? Yes No Is English yo	our first language? Yes No
Level of Education:	Degree	(if applicable):



Additional Household Member:	Relationship to HOH:			
Date of Birth:	_ Gender:		Race/ethnicity	y:
Marital Status:	_ Employed?	Full-time	Part-time	Not employed
Income Sources:				
Receive SNAP benefits? Yes N	lo			
Type(s) of Social Security (if applical	ble): <i>Supplemei</i>	ntal Disabili	ty Retirem	ent Survivors
Do you have a disability? Yes	No Is	English your fi	rst language?	Yes No
Level of Education:		_ Degree (if a	pplicable):	
Additional Household Member:			_ Relationship	o to HOH:
Date of Birth:	_ Gender:		Race/ethnicity	y:
Marital Status:	_ Employed?	Full-time	Part-time	Not employed
Income Sources:				
Receive SNAP benefits? Yes N				
Type(s) of Social Security (if applical	ble): <i>Supplemei</i>	ntal Disabili	ty Retirem	ent Survivors
Do you have a disability? Yes	No Is	English your fi	rst language?	Yes No
Level of Education:		_ Degree (if a	pplicable):	
Additional Household Member:			_ Relationship	o to HOH:
Date of Birth:	_ Gender:		Race/ethnicit	y:
Marital Status:	_ Employed?	Full-time	Part-time	Not employed
Income Sources:				
Receive SNAP benefits? Yes N	lo			
Type(s) of Social Security (if applical	ble): <i>Supplemei</i>	ntal Disabili	ity Retirem	ent 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				
Type(s) of Social Security (if app	olicable): Supple	rmental Disability Retireme	ent 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				
Type(s) of Social Security (if app	olicable): <i>Supple</i>	emental Disability Retireme	ent 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 t	to HOH:		
Date of Birth:	Gender:	Race/ethnicity	:		
Marital Status:	Employed	? Full-time Part-time	Not employed		
Income Sources:					
Receive SNAP benefits? Yes	No				
Type(s) of Social Security (if app	olicable): <i>Supple</i>	rmental Disability Retireme	ent 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 H	OH:	
Date of Birth:	Gender: _	Race/ethnicity:		
Marital Status:	Employe	d? Full-time Part-time Not	employed	1
Income Sources:				
Receive SNAP benefits? Yes	No			
Type(s) of Social Security (if app	licable): Supp	lemental Disability Retirement	Surviv	ors
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 H	OH:	
Date of Birth:	Gender:_	Race/ethnicity:		
		do Full Company North Company		1
Marital Status:	Employe	d? Full-time Part-time Not	employed	•
		a: Fuii-time Part-time Not		
Income Sources: Receive SNAP benefits? <i>Yes</i>	No			
Income Sources: Receive SNAP benefits? Yes Type(s) of Social Security (if app	No licable): Supp		Surviv	
Income Sources: Receive SNAP benefits? Yes Type(s) of Social Security (if app Do you have a disability?	No licable): Supp Yes No	lemental Disability Retirement	Surviv Yes	ors No
Income Sources: Receive SNAP benefits? Yes Type(s) of Social Security (if app Do you have a disability?	No licable): Supp Yes No	lemental Disability Retirement Is English your first language?	Surviv Yes	ors No
Income Sources: Receive SNAP benefits? Yes Type(s) of Social Security (if app Do you have a disability?	No licable): Supp Yes No	lemental Disability Retirement Is English your first language?	Surviv Yes	ors No
Income Sources: Receive SNAP benefits? Yes Type(s) of Social Security (if app Do you have a disability?	No licable): Supp Yes No	lemental Disability Retirement Is English your first language?	Surviv Yes	ors No
Income Sources: Receive SNAP benefits? Yes Type(s) of Social Security (if app Do you have a disability?	No licable): Supp Yes No	lemental Disability Retirement Is English your first language?	Surviv Yes	ors No
Income Sources: Receive SNAP benefits? Yes Type(s) of Social Security (if app Do you have a disability? Level of Education:	No licable): Supp	lemental Disability Retirement Is English your first language?	Surviv Yes	ors No



Marital Status:	Employed?	Full-time	Part-time	Not employe	d
Income Sources:					
Receive SNAP benefits? Yes No					
Type(s) of Social Security (if applicable	e): Suppleme	ntal Disabili	ity Retiren	nent Surviv	vors
Do you have a disability? Yes	No Is	English your fi	rst language?	Yes	No
Level of Education:		_ Degree (if a	pplicable):		
Is there anything else we should kn	ow?				



Phone: 734.429.4570

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* 2025-2026					
Household	A	Mandala	Twice Per	Every Two	F
Size	Annual	Monthly	Month	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	\$10,760	\$897	\$448	\$414	\$207
Additional	φ10,760	ф697	φ44 δ	 Ф414	φ207
*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. Income is determined from the Adjusted Gross Income total on your federal income tax paperwork.

Can I still receive aid if I do not meet the SASS qualifications and my income exceeds 200% 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.

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 2024 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 2025?

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



Phone: 734.429.4570

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?

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 any income-based programs until all your paperwork is submitted.

I just turned in my paperwork in 2024 – 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 2024 income tax form 1040, must be submitted again to qualify for the 2025 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 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 Glenna:

Monday 10:00 a.m. -12:00 pm -1:00 pm -6:00 p.m. Tuesday 10:00 a.m. -12:00 pm -1:00pm -4:00 p.m. Wednesday 10:00 a.m. -12:00 p.m. -1:00pm -4:00 pm Thursday 10:00 a.m. -12:00 p.m. Friday, Saturday, Sunday Closed