



Dear Parent or Legal Guardian:

**Please review the following information below pertaining to meal applications.**

1. A new application is required for the new 2017-2018 school year.
2. Please note that only **one NSLP application is required per household**. All students in your household, including 9-12, must be included on the application.

**NOTE: If any student on the application attends Ashland High School during the 2017-2018 school year, you MUST fill out a separate application. The “Meal Assistance for High School Only” application is available on the website, high school office, or food service central office. All students in your household must be included on this separate application, including those in K-8.**

3. You are responsible for paying all meal prices for your student until notification on your 2017-2018 status is received from the ACS Food Service Office. Please allow 5 to 7 days (after application is received in our Office) for processing and mail notification.

**EXCEPTION TO #3: If a student received free or reduced during last school year, that student remains free or reduced until Sept. 29, 2017. Please fill out a new application for this current school year before Sept. 29, 2017. If an application is not processed by that date, the student will go to full pay on Sept. 30, 2017. Please allow 5 to 7 days (after the application is received in our office) for processing and mail notification.**

4. Please complete Part five (5) of the application, “sharing information fee waiver consent” in order to be considered for student fee exemption.
5. The National School Lunch and Breakfast Act allows school districts to directly certify students as eligible for free school meals using an online secure Direct Certification software system with ODE. Ohio Department of Education will publish an updated Ohio Supplemental Nutrition Assistance Program list (SNAP, formally the Food Stamp program) and Ohio Works First (OWF) list into the system once a month.

**NOTE: If you receive a notification letter stating that your child(ren) have been directly certified for free meals, you will not have to fill out a free and reduced application, but will need to fill out the “sharing information fee waiver consent” form.**

If you need any assistance or have any questions, please contact Food Service Department at 419-289-1117 ext. 2247, anytime Monday thru Friday from 6:30am – 4pm.

Thank you for your cooperation in this important matter.

Kristie Ward  
Ashland City Schools  
Food Service Supervisor

# 2017-2018 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

## Part 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, skip to Part 3.  
 NAME: \_\_\_\_\_ 10-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Ashland City Schools Food Service Department at 419-289-1117 x2247.  
 Homeless  Migrant  Runaway

**Part 4. 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.

1. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00/quarterly
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ /

**Part 5. SCHOOL INSTRUCTIONAL FEE WAIVER ADULT CONSENT:** Your child(ren) may qualify for a waiver of their school instructional fees. We must have your permission to share your meal application information with school officials if your child(ren) qualifies for a fee waiver. Answering this question will not change whether your children will get free or reduced price meals.  
 Please check a box:  Yes I agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.  
 No, I do not agree to have my meal application used to determine if my child(ren) qualify for a fee waiver.

Signature of Parent/Guardian for the Instructional Fee Waiver Question: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 6. 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

## Part 7. Children's ethnic and racial identities (optional)

Choose one ethnicity:  
 Hispanic/Latino                       Not Hispanic/Latino

Choose one or more (regardless of ethnicity):  
 Asian                       American Indian or Alaska Native                       Black or African American  
 White                       Native Hawaiian or other Pacific Islander

**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: \_\_\_\_\_ 2<sup>nd</sup> Notice Sent: \_\_\_\_\_ Results Sent: \_\_\_\_\_  
 Verification Result: No Change    Free to Reduced Price    Free to Paid    Reduced Price to Free    Reduced Price to Paid