



Administrative Offices – 1407 Claremont Ave. – Ashland, Ohio 44805 – 419 289 1117 – Fax 419 289 9534

**2018-2019 APPLICATION FOR MEAL ASSISTANCE FOR ASHLAND HIGH SCHOOL ONLY**

**Part 1. ALL HOUSEHOLD MEMBERS (list additional members on back if needed)**

First, Middle Initial, Last                      School Name (If Student)                      Grade (If Student)                      Income – Y / N

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**Part 2. BENEFITS**

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formally Food Stamps) or Ohio Works First (OWF) benefits, complete below and skip to Part 4. **Proof in the form of a dated letter of certification or notice of eligibility for SNAP or OWF benefits must accompany application.** If no one in the household receives these benefits, skip to Part 3.

NAME: \_\_\_\_\_ 7 or 10 DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all household income on the same line as the person who receives it. IMPORTANT: Proof of each listed income (dated no earlier than 30 days prior to below signed date) must accompany application. Provide a copy if possible as it will not be returned.**

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")
<i>(Example) Jane Smith</i>	\$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"/>	\$ _____/_____

**Part 4. WAIVER OF SCHOOL INSTRUCTIONAL FEES – ASHLAND HIGH SCHOOL ONLY: If your AHS student(s) qualifies for Free meals, they also qualify for a waiver of school instructional fees. We must have your permission to share your Free status with school officials if fees are to be waived.**

Yes, if my AHS student(s) qualifies for Free meals, I agree to have the free status shared with school officials.

**IMPORTANT: SIGNATURE REQUIRED (PART 5) – REVERSE SIDE**

**Part 1. ALL HOUSEHOLD MEMBERS - CONTINUED FROM OTHER SIDE IF NEEDED**

First, Middle Initial, Last                      School Name (If Student)                      Grade (If Student)                      Income – Y / N

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**IMPORTANT: SIGNATURE REQUIRED (PART 5)**

**Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SIGNED BY PARENT / LEGAL GUARDIAN)**

\*\*By signing this application, I certify that all information is true and that all total household income is reported on this application. I understand that the school official may verify all the above information, and that if any false information is reported, my child(ren) will lose any assistance and further legal action may be taken.

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last four digits of Social Security: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Part 6. FOR SCHOOL USE ONLY – DO NOT FILL OUT**

(Annual Income Conversions: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12)

Total Household Income: \$ \_\_\_\_\_ Number in Household: \_\_\_\_\_

Total Income Per (please circle):

Weekly                      Every 2 weeks                      Twice a month                      Monthly                      A Year

Categorical Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_

Reason: \_\_\_\_\_

Determining/Approval Official's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_