

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

Person who receives it. IMPORTANT: Proof of each listed income (dated no earlier than 30 days prior to late) must accompany application. Provide a copy if possible as it will not be returned.  2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED  Earnings from work before deductions with loome)  Welfare, child support, alimony with loome)  Welfare, child support, alimony with loomed and provided a copy if possible as it will not be returned.  Pensions, retirement, Social Security, SSI, VA benefits with loomed and loome	First, Middle Initial, Last	<u>-</u>		Sch	ool	Name (If S	tud	ent)			Grade (I	f S	tud	en	t)	Income	Y / N
If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formally Food Stam First (OWF) benefits, complete below and skip to Part 4. Proof in the form of a dated letter of certification or notion for SNAP or OWF benefits must accompany application.  If no one in the household receives these benefits, sit in one in the household receives these benefits, sit in one in the household income on the same derson who receives it. IMPORTANT: Proof of each listed income (dated no earlier than 30 days prior to late) must accompany application. Provide a copy if possible as it will not be returned.    Company   Pensions, retirement, Social Security, SSI, Yabenefits   Pensions, retirement, Social Security,																	
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Part 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all household income on the same person who receives it. MPORTANT: Proof of each listed income (dated no earlier than 30 days prior to late) must accompany application. Provide a copy if possible as it will not be returned.  2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED  Earnings from work before deductions   NAME	irst (OWF) benefits, complete be	low and sk	ip t	o Pa	art 4	Proof in th	ne fo	rm o	of a	a da	ated letter of	cei	rtifi	cat	<u>ion</u>	or notice of eligibili	
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Free meals, they also qualify for a waiver of school instructional fees. We must have your permission to	AME all household members with me)  (Example) Jane Smith  \$ \$ \$ \$ \$ \$	Earnings from work before eductions	Meekly	Every 2 Weeks	Twice Monthly OH	Welfare, child support, alimony  \$150	WAS MEEKIN	Every 2 Weeks	Twice Monthly New	Monthly	Pensions, retirement, Social Security, SSI, VA benefits  \$ 0    \$	Weekly				(indicate frequency, so "weekly" "month! "quarterly" "annua  \$50.00/quanterly  \$/ \$/ \$/ \$/ \$	uch as y" Illy"
Free status with school officials if fees are to be waived.	AME all household members with me)  (Example) Jane Smith  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Earnings from work before eductions \$200	Meekiy	H L Every 2 Weeks	Twice Monthly	Welfare, child support, alimony  \$150  \$150  \$150  \$50  \$50  \$50  \$50	Weekly Weekly HIGH	S H 9	CH Iwice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits  \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Meekly Weekly				(indicate frequency, so "weekly" "month! "quarterly" "annua  \$50:00/quarterly  \$/ \$/ \$/ \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  \$/  udent(s) qualifies	uch as y" Illy"  for

IMPORTANT: SIGNATURE REQUIRED (PART 5) - REVERSE SIDE

Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SIGNED BY PARENT / LEGAL GUARDIAI **By signing this application, I certify that all information is true and that all total household income is reported on application. I understand that the school official may verify all the above information, and that if any false informati 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 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 thi application. I understand that the school official may verify all the above information, and that if any false information 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	· · · · · · · · · · · · · · · · · · ·	ast	School Name (If Student)	Grade (If	Student)	Income – Y /
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