



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

Dear Parents and Legal Guardian of an AHS Student:

Please review the following information below pertaining to the Ashland High School meal assistance program.

This school year, Ashland High School will continue to pilot a new program to replace the National School Lunch Program (NSLP). This will allow us to provide a greater variety of meals, ala carte items, and beverage options to better meet the student needs.

This new program will continue to provide free or reduced breakfast and lunch for those that meet the financial guidelines. However, you will be required to complete a separate application. This high school application is separate from the K-8 NSLP application.

Note: If you receive a letter from us stating that your student(s) has been directly certified for free meals, you will not need to fill out this separate high school application. You will, however, need to complete the “Waiver of School Instructional Fees – Ashland High School Only” form if you want the current year fees waived for your high school student.

You are responsible for paying for all breakfast and lunch meals for your student until notification on your 2019-2020 application is received from the ACS Food Service Office. Please allow 5-7 days (after application is received in our office) for processing and mail notification.

Exception to Above: If a student received free or reduced meals during the last school year, that student remains free or reduced until October 5th, 2019. If a new application for this school year is not processed by October 5th, the student will go to full pay effective October 7th, 2019. Please allow 5-7 days (after application is received in food service office) for processing and mail notification.

** If you have any questions, please call the Food Service Department between the hours of 6:30am – 4:00pm at (419) 289-1117 ext. 2247. Or you can email any questions or concerns you may have to krward@goarrows.org.

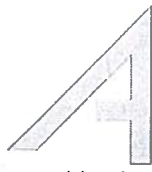
Thank you for your cooperation in this important matter.

Kristie Ward

Ashland City Schools

Food Service Supervisor

Instructions for Completing the Application for Meal Assistance for High School Only – Reverse Side



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Instructions for completing the Application for Meal Assistance for High School

Part 1.

Please list **ALL** members living within your household (if a student, including K-8, please complete with the school and grade). Indicate if income is received or not for each member listed.

Part 2.

If any member of your household receives Ohio Works First (OWF) or Supplemental Nutrition Assistance Program (SNAP) benefits, please provide the name of the person who receives the benefit followed by the ten (10) digit case number. **Proof in the form a dated letter of certification or notice of eligibility for OWF or SNAP benefits must accompany the application.** Skip to Part 4 if this applies to your household. If not, continue to Part 3.

Part 3.

Please list any member of your household who receives income in the appropriate column. All income must be reported as GROSS INCOME (before any deductions) and the frequency it is received. **Proof of each income listed (dated no earlier than 30 days prior to application date) must accompany the application. Provide a copy if possible as it will not be returned to you.**

Part 4.

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. Please check the “Yes” box if you agree to share this information.

Part 5.

The application must be signed by the parent or legal guardian living in the household. The person signing the application understands that all information submitted on this document is true and accurate, and that the school official may verify all reported information. Any deliberate misrepresentation of the information may cause your child(ren) to lose meal benefits.

** If you have any questions, please call the Food Service Department between the hours of 6:30am – 4:00pm at (419) 289-1117 ext. 2247. Or you can email any questions or concerns you may have to krward@goarrows.org.

Thank you for your cooperation in this important matter.

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FOR SCHOOL YEAR: _____

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

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: _____ **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**

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

Eligibility: Free _____ Reduced _____ Denied _____ (over income ?) _____

Reason: Income _____ SNAP _____ Foster _____ Other _____

Determining/Approval Official's Signature: _____

Date of Signature: _____