

APPLICATION FINANCIAL ASSISTANCE
JONES, HASTINGS AND UPPER ARLINGTON HIGH SCHOOL

****Please submit check stub, assistance voucher or other documents to verify proof of income**

Return completed form to: Your School or Irene Hunt, 1650 Ridgeview Road, Upper Arlington OH 43221

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 10-Digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the address listed above.

These selections must be completed by the Head of Household or Designee

- SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____
- STUDENT INFORMATION** - Complete for each student Pre-K through 12th grade

Last Name	First Name	Birth Date MM-DD-YY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2

- TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

- SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____

Work Phone _____

Email Address _____

By providing your email address, you may be contacted via email by the district

****SHARE INFORMATION:** __ YES __ NO (Please initial yes or no) I give permission for the above information to be shared in order to determine fee waivers for other programs such as Athletics, School and Technology.

For Office Use Only:

QUALIFIES

DOES NOT QUALIFY