READY, SET, LEARN! APPLICATION

Name:			Social Security Number:			
Address:			Phone Number:			
City	/:	OHIO	Zip:			
eceiv ÆAR	ling yourself, list names, ago red in the past 30 days for even RN PROGRAM in the next so the income, such as social so	veryone in your house section shown. (Use	ehold. List al separate shee	l chi t if n	ldren participatin ecessary. Include	g in the READY, SET, income from work and
	Name(s)	Social Security	•		Date of Birth	Gross income in past 30 days
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
	Ara you a gurrent racidar	at of Ashland County	y Ohio?			Yes / No
,	y					
)	Are all your household members U.S. Citizens? Yes / No					
)	If no to (2), are the individual(s) in your household Qualified Aliens (i.e. refugee or asylee)? Yes / No / NA					
)	If yes to (3), provide the supporting information regarding that household member's immigration status in the U.S. and Date of Arrival:					
)	If your application is approved, will you be shopping for the minor child? Yes / No If not, who is approved to shop for you? (Name and Phone Number)					
evien	NING: The information yo wed for accuracy. If you kn d from public assistance for	owingly provide fals	e information	n, yo	u may be fined, a	denied public assistance,
Signature			Date			