

2018-19 Cleveland County Schools Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.)

School Nutrition Services
400 W. Marion St, Shelby, NC 28150 / (704) 476-8127

School Nutrition Use Only:

A. CHILDREN and STUDENT Household Members				If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade.		If applicable, please CIRCLE if a CHILD/STUDENT is: H = Homeless M = Migrant R = Runaway F = Foster		NOTE: For more information on types of income see the "Sources of Income for CHILDREN/STUDENTS" chart on page 1 of this booklet				B. Assistance Programs			
1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12. 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.								CHILD/STUDENT INCOME Earnings from Work ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000) GROSS Income CIRCLE Frequency Weekly Monthly Bi-Weekly Bi-Monthly				CHILD/STUDENT INCOME from ALL OTHER SOURCES Income CIRCLE Frequency Weekly Monthly Bi-Weekly Bi-Monthly		Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF or FDIR? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES" please provide a case number (only one) CASE NUMBER: _____	
First Name	MI	Last Name	Circle One: S O	School Name	Grade	Circle One: H M R F		GROSS Income	CIRCLE Frequency	Income	CIRCLE Frequency				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>				

C. ADULT Household Members				D. Household Total and Social Security Number (SSN)					
LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.				1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report. 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on types of income see the "Sources of Income for ADULTS" chart on page 2 or the reverse side of this application.					
First Name (Head of Household)	Last Name (Head of Household)	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency	ENTER Total Number of Household Members (Children and Adults) HERE → <input style="width: 40px;" type="text"/>	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY) → <input style="width: 40px;" type="text"/>	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> I do not have a Social Security Number	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		

E. Attestation: An adult household member must sign the application			
"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."			
Head of Household Signature:	Today's Date:	Email:	Address:
Printed Name:		Contact Number:	City: State: Zip Code:

FOR OFFICE USE ONLY	Total Household Members:	<input type="text"/>	Eligibility Determination: <input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	Determining Official's Signature & Date:			
	Total Household Income:	<input type="text"/>		Confirming Official's Signature & Date:			
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually			Verifying Official's Signature & Date:			
Reason for Denial of Eligibility:							

F. Child(ren)'s Ethnic and Racial Identities (Optional)
SELECT one ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
SELECT one or more (regardless of ethnicity): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White