

2015-16 Onslow County Schools Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.)
 200 Broadhurst Rd/ P.O. Box 99 Jacksonville, NC 28541 or 910-478-3480 **YOU MAY ALSO APPLY ONLINE AT www.lunchapplication.com ONLY ONE IS NEEDED PER HOUSEHOLD**

ENTER Name of each Household Member (First Middle Initial Last) and CIRCLE each individual's role in the household. HH = Head of Household S = Student O = Other family member **PLEASE PRINT**			For each STUDENT in the household please ENTER the Name of the School where student is currently enrolled and current Grade. (if applicable)		If applicable, please CIRCLE if a STUDENT is: H = Homeless M = Migrant R = Runaway F = Foster	INCOME 1) For households receiving assistance benefits, please SKIP to the SNAP/FNS, TANF, or FDIPIR section below. 2) For EACH household member ENTER Income amount received and the code for the frequency (ex. \$250.00[M]). 3) Use full dollar amounts (ex. \$000.00). 4) IMPORTANT NOTE: If an individual receives income from multiple sources in a category, enter the combined total of income for that category.										
						Work Income Earnings (before deductions)		Welfare Child Support Alimony		Pensions Retirement Social Security/SSI VA benefits		All Other Income		NO Income if applicable, check the box		
Name First MI Last			Circle One:	School Name	Grade	Circle one:	Income Frequency Codes: Wk = Weekly BiW = Bi-Weekly M = Monthly BiM = Bi-Monthly A = Annually									
							Income	Code	Income	Code	Income	Code	Income	Code		
			HH S O			H M R F									<input type="checkbox"/>	
			HH S O			H M R F									<input type="checkbox"/>	
			HH S O			H M R F									<input type="checkbox"/>	
			HH S O			H M R F									<input type="checkbox"/>	
			HH S O			H M R F									<input type="checkbox"/>	
			HH S O			H M R F									<input type="checkbox"/>	
			HH S O			H M R F									<input type="checkbox"/>	

SNAP/FNS, TANF or FDIPIR Assistance Benefits Households with a SNAP/FNS(FNS, formerly known as the Food Stamp program), TANF, or FDIPIR recipient do not have to fill out the household income section, nor does the adult signing the application have to include the last 4 digits of their social security number.

If any member of your household receives SNAP/FNS, FDIPIR or TANF/ Work First, please select the program type and provide the case number for the person who receives benefits.

Select program type: SNAP/FNS FDIPIR TANF/Work First

CASE NUMBER: _____

Attestation: An adult household Member must sign the application. **If the income section is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** "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: _____ Printed Name: _____ Today's Date: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____ Contact No: _____

Enter LAST FOUR DIGITS of Social Security number: *** - ** I do not have a Social Security Number

Child(ren)'s Ethnic and Racial Identities (optional)

Select one ethnicity: Hispanic/Latino Not Hispanic/Latino

Select one or more (regardless of ethnicity): Asian American Indian or Alaska Native Black or African American White Native Hawaiian or other Pacific Islander

For Office Use Only

Annual Income Conversion: **Weekly (x52)** **Bi-Weekly (x26)** **Monthly (x12)** **Bi-Monthly (x24)**

Total Household Income _____ Weekly Bi-Weekly Monthly Bi-Monthly Annually Total Household Members

Categorical Eligibility _____ Date Withdrawn: _____ Eligibility: Free Reduced Denied Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____