### 2019-20 Onslow County Schools Free and Reduced Price School Meals Household Application

**A. CHILDREN and STUDENT Household Members**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Circle One:</th>
<th>School Name</th>
<th>Grade</th>
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Please **ENTER** the Name of the School where the student is currently enrolled and their current Grade.

**Please CIRCLE** if a STUDENT is:

- H = Homeless
- M = Migrant
- R = Runaway
- F = Foster

**B. Assistance Programs**

Please circle which program you receive:

- Work First Cash Assistance
- FNS
- EPPIC
- OTHER

**CASE NUMBER:** (NOT EBT #)

(For Case Number you may call 1-866-719-0141)

**C. ADULT Household Members**

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.

<table>
<thead>
<tr>
<th>First Name (Head of Household)</th>
<th>Last Name (Head of Household)</th>
<th>Circle One:</th>
<th>CHECK Frequency</th>
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<tr>
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<td>Weekly ○</td>
<td>Bi-Weekly ○</td>
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<td>B-Monthly ○</td>
<td>Monthly ○</td>
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</table>

**Check Income Earned from Work**

PUBLIC Assistance/Medicaid/ Child Support

**D. Household Total and Social Security Number**

ENTER Total Number of Household Members (Children and Adults) HERE

ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earning Child)

**I do not have a Social Security Number**

**E. Attestation**

An adult household member must sign the application.

- I certify that the information on the 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 children may lose meal benefits and I may be prosecuted under State and Federal Laws.

Head of Household Signature: __________________________

Today's Date: __________________________

Email: __________________________

Address: __________________________

Contact Number: __________________________

City: __________________________

State: __________________________

Zip Code: __________________________

**F. Children's Ethnic and Racial Identities (Optional)**

**SELECT** one ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

**SELECT one or more (regardless of ethnicity):**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**FOR OFFICE USE ONLY**

- Total Household Members: __________________________
- Total Household Income: __________________________
- For Weekly ○ Bi-Weekly ○ Monthly ○ Bi-Monthly ○ Annually
- Eligibility Determination: __________________________
- Reason for Denial of Eligibility: __________________________

**Determination Official's Signature & Date:** __________________________

**Confirming Official's Signature & Date:** __________________________

**Verifying Official's Signature & Date:** __________________________