

# 2020-21 Stokes County Schools Free and Reduced Price School Meals Household Application

4611 NC Hwy 8 North, Lawsonville, NC 27022 / (336) 593-1100 (Complete one application per household. Please use a pen.)

## 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 that are not students to indicate the child's role in the household.

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

| First Name | MI | Last Name | Circle One:<br>S O | School Name | Grade | Circle One:<br>H M R F | CHILD/STUDENT INCOME Earnings from Work<br>ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)<br>GROSS Income CIRCLE Frequency | CHILD/STUDENT INCOME from ALL OTHER Sources<br>Income CIRCLE Frequency |
|------------|----|-----------|--------------------|-------------|-------|------------------------|--|--|
|            |    |           |                    |             |       |                        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly   | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly                   |
|            |    |           |                    |             |       |                        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly   | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly                   |
|            |    |           |                    |             |       |                        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly   | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly                   |
|            |    |           |                    |             |       |                        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly   | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly                   |
|            |    |           |                    |             |       |                        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly   | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly                   |
|            |    |           |                    |             |       |                        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly   | \$ [ ][ ] [ ][ ] 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 FDIPIR?  
 NO  YES  
 If "YES" please provide a case number (only one)  
**CASE NUMBER:** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 then SKIP to SECTION E

## C. ADULT Household Members

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<br>CIRCLE Frequency  | Public Assistance/Alimony/Child Support<br>CIRCLE Frequency | Pensions/Retirement/All Other Income<br>CIRCLE Frequency |
|--------------------------------|-------------------------------|--|---|--|
|                                |                               | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly     |
|                                |                               | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly     |
|                                |                               | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly     |
|                                |                               | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly        | \$ [ ][ ] [ ][ ] Weekly Monthly Bi-Weekly Bi-Monthly     |

## D. Household Total and Social Security Number (SSN)

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

ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY) → [ ] [ ] [ ] [ ]

I do not have a Social Security Number

## F. Child(ren)'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

## 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:   | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   | Eligibility Determination:<br><input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free<br><input type="checkbox"/> Reduced <input type="checkbox"/> Denied | Determining Official's Signature & Date: |  |  |  |
|                     | Total Household Income:  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |  | Confirming Official's Signature & Date:  |  |  |  |
|                     | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually | Reason for Denial of Eligibility: |  | Verifying Official's Signature & Date:   |  |  |  |