2018-19 Yadkin County Schools Free and Reduced Price School Meals Household Application

121 Washington St. Yadkinville, NC 27055 / 336-679-2051

(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

First Name	MI	Last Name	Circle One:	School Name	Grade	Circle One:	CHILD/STUDENT INCOME Earnings from Work — GROSS Income	CHILD/STUDENT INCOME Earnings from Work — *CIRCLE* Frequency	CHILD/STUDENT INCOME from ALL OTHER Sources — Income	CHILD/STUDENT INCOME from ALL OTHER Sources — *CIRCLE* Frequency
			S O			H M R F	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
			S O			H M R F	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
			S O			H M R F	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
			S O			H M R F	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
			S O			H M R F	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
			S O			H M R F	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly

B. Assistance Programs

Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF or FDPIR?

☐ 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	*CIRCLE* Frequency	Public Assistance/Alimony/ Child Support	*CIRCLE* Frequency	Pensions/Retirement/ All Other Income	*CIRCLE* Frequency
First Name (Other Adults)	Last Name (Other Adults)						
		$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
		$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
		$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly
		$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly	$	Weekly Monthly Bi-Weekly Bi-Montly

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:	
Total Household Income:	
☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Bi-Monthly ☐ Annually	

Eligibility Determination: ☐ Categorical Eligibility ☐ Free ☐ Reduced ☐ Denied

Reason for Denial of Eligibility:

Determining Official's Signature & Date:

Confirming Official's Signature & Date:

Verifying Official's Signature & Date: