

2020-21 New Hanover County Schools Free and Reduced Price School Meals Household Application 1802 South 15th Street, Wilmington, NC 28401 / (910) 254-4299
 (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: S O	School Name	Grade	Circle One: H M R F	CHILD/STUDENT INCOME Earnings from Work	CHILD/STUDENT INCOME from ALL OTHER Sources
							ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000) GROSS Income CIRCLE Frequency \$ Weekly Monthly	Income CIRCLE Frequency \$ Weekly Monthly
							Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly
							Weekly Monthly	Weekly Monthly
							Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly
							Weekly Monthly	Weekly Monthly
							Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly
							Weekly Monthly	Weekly Monthly
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							Weekly Monthly	Weekly Monthly
							Bi-Weekly Bi-Monthly	Bi-Weekly Bi-Monthly
							Weekly Monthly	Weekly Monthly
							Bi-Weekly Bi-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 gross 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
		\$	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
		\$	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:	
	Total Household Income:	
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually	

Eligibility Determination:	<input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied
Reason for Denial of Eligibility:	

Determining Official's Signature & Date:
Confirming Official's Signature & Date:
Verifying Official's Signature & Date: