

**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](http://www.lunchapplication.com) ONLY ONE IS NEEDED PER HOUSEHOLD**

**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 IM). 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.

Name	Circle One:	School Name	Grade	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
				Income	Code	Income	Code	Income	Code	Income	Code	
HH S O	HH S O											<input type="checkbox"/>
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**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  Asian  American Indian or Alaska Native  Black or African American  
 Not Hispanic/Latino  White  Native Hawaiian or other Pacific Islander

For Office Use Only Annual Income Conversion: Weekly (x52) Monthly (x12) Bi-Weekly (x26) Bi-Monthly (x12) Monthly (x12) Bi-Monthly (x24)  
 Total Household Income \_\_\_\_\_ Total Household Members   
 Categorical Eligibility \_\_\_\_\_ Eligibility:  Free  Reduced  Denied Reason: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for completing the meal benefit application**  
**Onslow County Schools**  
**SY 15-16**

1. Prepare to complete the application from left to right for member of the household.
2. Column 1 ENTER Name of each Household Member – PLEASE INCLUDE EVERYONE, benefits are determined by household size and income.  

**(First Middle Initial Last) and CIRCLE each individual's role in the household.**
3. Circle the corresponding letter for each household member.  

**HH = Head of Household**  
**S = Student**  
**O= Other family member**
4. In the next column For each STUDENT in the household please ENTER the **Name of the School** where student is currently enrolled and current **Grade**. (if applicable) This is important to avoid the wrong student from being added to your family or make sure the correct student receives benefits.
5. If any student is a foster, migrant, or homeless, or runaway you must identify him/her here by circling the corresponding alphabet.  

**H = Homeless**  
**M = Migrant**  
**R = Runaway**  
**F = Foster**
6. Income for EACH household member must be included in the farthest column corresponding to the name in column one.
  - 1) For households receiving assistance benefits, please **SKIP** to the SNAP/FNS, TANF, or FDPIR 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.**
7. Households with a SNAP/FNS(FNS, formerly known as the Food Stamp program), TANF, or FDPIR 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.
8. Read and complete the attestation section. 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."
9. Child(ren)'s Ethnic and Racial Identities (optional)
10. Review your application. Incomplete applications will cause delays in your family qualifying. Families are responsible for accrued charges.

The LEA chooses to establish the date of *eligibility* as the date the LEA approves the complete Free and Reduced Price School Meals Family Application.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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