

2016-17 Onslow County Schools Free and Reduced Price School Meals Household Application

200 Broadhurst Rd / PO Box 99, Jacksonville, NC 28541 or 910-478-3480

YOU MAY ALSO APPLY ONLINE AT www.lunchapplication.com ONLY ONE IS NEEDED PER HOUSEHOLD

A. CHILDREN and STUDENT Household Members				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
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.								CHILD/STUDENT INCOME Earnings from Work			CHILD/STUDENT INCOME from ALL OTHER SOURCES			Do any Household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES" please provide a case number (only one) CASE NUMBER: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> then SKIP to SECTION E
First Name	MI	Last Name	Circle One: S O	School Name	Grade	Circle One: H M R F	Income	CIRCLE Frequency		Income	CIRCLE Frequency			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>		
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C. ADULT Household Members				D. Household Total and Social Security Number (SSN)					
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)	Earnings from Work	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency	ENTER Total Number of Household Members (Children and Adults) HERE	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
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E. Attestation: An adult household member must sign the application				F. Child(ren)'s Ethnic and Racial Identities (Optional)			
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.				SELECT one ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Head of Household Signature:		Today's Date:		Email:		Address:	
Printed Name:		Contact Number:		City:		State: Zip Code:	

FOR OFFICE USE ONLY	Total Household Members: <input type="text"/>	Eligibility Determination: <input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	Determining Official's Signature & Date:			
	Total Household Income: <input type="text"/>		Confirming Official's Signature & Date:			
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually		Verifying Official's Signature & Date:			
Reason for Denial of Eligibility:						