

# 2017-18 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](http://www.lunchapplication.com) ONLY ONE IS NEEDED PER HOUSEHOLD

A. CHILDREN and STUDENT Household Members				Please ENTER the Name of the School where the student is currently enrolled and their current Grade.		Please CIRCLE if a 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 2				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							CHILD/STUDENT INCOME Earnings from Work		CHILD/STUDENT INCOME from ALL OTHER Sources			Please circle which program you receive:  TANF SNAP FDPIR OTHER  CASE NUMBER: (NOT EBT #)  (For Case Number you may call 1-866-719-0141)
First Name	MI	Last Name	Circle One: S O	School Name	Grade	Circle One: H M R F	ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)		GROSS Income CHECK Frequency		Income CHECK 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"/>	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>	\$	<input type="text"/>	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>
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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.				ENTER Total Number of Household Members (Children and Adults) HERE			
First Name (Head of Household)	Last Name (Head of Household)	GROSS Income Earnings from WORK	CHECK Frequency	Public Assistance/Alimony/Child Support	CHECK Frequency	Pensions/Retirement/All Other Income	CHECK Frequency
<input type="text"/>	<input type="text"/>	\$	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>	\$	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>	\$	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>
<input type="text"/>	<input type="text"/>	\$	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>	\$	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>	\$	Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/>
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**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:	Eligibility Determination:	Determining 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		<input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	Confirming Official's Signature & Date:		
			Reason for Denial of Eligibility:	Verifying Official's Signature & Date:		