

2018-19 Wilson Co. Schools Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.)

Please return to: PO Box 3878, 519 Ward Blvd., Wilson, NC 27895 Contact Number (252) 399-7849

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.

First	MI	Last	Circle One:	School Name	Grade	If applicable, please CIRCLE if a CHILD/STUDENT is:	Homeless Migrant Foster	GROSS Income	CIRCLE Frequency	Income	CIRCLE Frequency
			S O			H M R F		Weekly	Monthly	Weekly	Monthly
			S O			H M R F		Bi-Weekly	Bi-Monthly	Bi-Weekly	Bi-Monthly
			S O			H M R F		Weekly	Monthly	Weekly	Monthly
			S O			H M R F		Bi-Weekly	Bi-Monthly	Bi-Weekly	Bi-Monthly
			S O			H M R F		Weekly	Monthly	Weekly	Monthly
			S O			H M R F		Bi-Weekly	Bi-Monthly	Bi-Weekly	Bi-Monthly

NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (or reverse side) of this application.

CHILD/STUDENT INCOME Earnings from Work
 CHILD/STUDENT INCOME from ALL OTHER SOURCES

C. ADULT Household Members

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 Sources of Income for Adults and Income Frequency, see the charts on page 2 (or reverse side) of this application.

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency
Head of Household	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
Other Adult	Bi-Weekly	Bi-Monthly	Weekly	Monthly	Bi-Weekly	Bi-Monthly
Other Adult	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
Other Adult	Bi-Weekly	Bi-Monthly	Weekly	Monthly	Bi-Weekly	Bi-Monthly
Other Adult	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
Other Adult	Bi-Weekly	Bi-Monthly	Weekly	Monthly	Bi-Weekly	Bi-Monthly

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: _____
 Printed Name: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Number: _____

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 FDIPIR?
 NO YES

If "YES" please provide a case number (only one)
 Case Number: _____
 then SKIP to SECTION E.

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

Total Household Members: _____ Total Household Income: _____
 For Office Use Only: _____
 NOTE: If there are multiple income sources with more than one frequency, the SSA must annualize all income by multiplying:
 Weekly (x52) Bi-Weekly (x26) Monthly (x12) Bi-Monthly (x6) 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: _____

