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| **2021-22 SFA NAME Free and Reduced Price School Meals Household Application** *(Complete one application per household. Please use a pen.)*  **Please return to: ADDRESS, CITY, NC ZIP CODE, PHONE NUMBER** |

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| **A. CHILDREN and STUDENT Household Members** | | | | | ***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.* | | | | **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.* | | *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****omeless*  ***M****igrant*  ***R****unaway*  ***F****oster* | **CHILD/STUDENT INCOME**  **Earnings from Work**  ***ENTER*** *total GROSS income*  *amount (before deductions) in*  *whole dollars only. ($000)* | | **CHILD/STUDENT INCOME**  **from**  **ALL OTHER Sources** | | *Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, WorkFirst/TANF, or FDPIR?*  ❑ NO ❑ YES |
| ***First MI Last*** | ***Circle One:*** | ***School Name*** | ***Grade*** | ***GROSS Income*** | ***CIRCLE Frequency*** | ***Income*** | ***CIRCLE Frequency*** |
|  | S O |  |  | H M R F | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | *If* ***“YES”*** *please provide a case number (only one)*  **Case Number:**  ***Then SKIP to SECTION E.*** |
|  | S O |  |  | H M R F | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | Weekly Monthly  Bi-Weekly Bi-Monthly |
|  | S O |  |  | H M R F | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | Weekly Monthly  Bi-Weekly Bi-Monthly |
|  | S O |  |  | H M R F | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | Weekly Monthly  Bi-Weekly Bi-Monthly |
|  | S O |  |  | H M R F | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | Weekly Monthly  Bi-Weekly Bi-Monthly |

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| **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 chart on page 2 (or reverse side) of this application.* | | | | | | | | | |  | **D. Household Total and Social Security Number (SSN)** |
|  | **ENTER LAST FOUR DIGITS OF SSN HERE**  (Head of Household or Primary Wage Earner ONLY)  **ENTER Total Number of Household Members (Children and Adults) HERE** |
| ***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  Bi-Weekly Bi-Monthly | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | |  |
| Other Adult |  | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | |  | 🞏 I do not have a Social Security Number |
| Other Adult |  | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | |  |  |
| **F. Child(ren)’s Ethnic and Racial Identities** (Optional) |
| Other Adult |  | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | |  |
| **SELECT one ethnicity:**   * Hispanic or Latino * Not Hispanic or Latino |
| Other Adult |  | $ | Weekly Monthly  Bi-Weekly Bi-Monthly | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | | $ | | Weekly Monthly  Bi-Weekly Bi-Monthly | |  |
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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.”* | | | | | | | | | | | |  | **SELECT one or more (regardless of ethnicity):**   American Indian or Alaska Native   Asian   Black or African American   Native Hawaiian or other Pacific Islander   White |
| **Head of Household Signature:** | | **Today’s Date:** | **Email:** | | | | **Address:** | | | | |  |
| **Printed Name:** | | **Contact Number:** | | **City:** | | | | **State:** | | **Zip Code:** |  |

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| **For Office Use Only** | **Total**  **Household**  **Members:** | **Total**  **Household**  **Income: per:** |  | **Eligibility Determination:**  ❑ Categorical Eligibility ❑ Free ❑ Reduced ❑ Denied |  | **Determining Official’s Signature & Date** |
| ***Income Conversion***  *NOTE: If there are multiple income sources with more than on frequency, the SFA must annualize all income by multiplying:*  ❑ Weekly (x52) ❑ Biweekly (x26) ❑ Monthly (x12) ❑ Bimonthly (x24) ❑ Annually | |  | **Reason for Denial of Eligibility:** |  | **Confirming Official’s Signature & Date** |
| **Verifying Official’s Signature & Date** |

**Sources of Income**

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| **Sources of Income for CHILDREN/STUDENTS** | | | |  | **Please Mail this application to: ENTER THE NAME OF YOUR SFA**  **ADDRESS**  **CITY NC ZIP CODE** |
| **Sources of Income** | | **Examples** | |  |
|  Earnings from work | |  A child has a regular full or part-time job where they earn a salary or wages | |  |
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| 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.  **USDA Non-Discrimination Statement**  In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.  Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.  To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:  (1) mail: U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410;  (2) fax: (202) 690-7442; or  (3)  email: program.intake@usda.gov  This institution is an equal opportunity provider. |
|  Social Security  -Disability Payments  -Survivor’s Benefits | |  A child is blind or disabled and receives Social Security benefits    A Parent is disabled, retired or deceased and their child receives Social Security benefits | |  |
|  Income from any other source | |  A child receives regular income from a private pension fund, annuity or trust | |  |
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| **Sources of Income for ADULTS** | | | |  |
| **Earnings from Work** | **Public Assistance/Alimony/ Child Support** | | **Pensions/Retirement/**  **All Other Income** |  |
| * Salary, wages, cash bonuses * Net income from self-employment (farm or business)   ***If you are in the U.S. Military:***   * Basic pay and cash bonuses *(does NOT include combat pay, FSSA or privatized housing allowances)* * Allowances for off-base housing, food and clothing | * Unemployment benefits * Worker’s compensation * Supplemental Security Income (SSI) * Cash Assistance from State  or local government * Alimony payments * Child support payments * Veteran’s benefits * Strike benefits | | * Social Security (including railroad retirement and  black lung benefits) * Private pensions or disability benefits * Regular income from trusts or estates * Annuities * Investment income * Earned interest * Rental income * Regular cash payments from outside household |  |
| **Income Frequency** | | | |  |
| Weekly = Once per week Bi-Weekly = Every two (2) weeks  Monthly = Once per month Bi-Monthly = Twice per month  Annually = Total salary per year | | | |  |