

**2019-20 Cleveland County Schools Free and Reduced Price School Meals Household Application** (Complete one application per household. Please use a pen.)

School Nutrition Services  
400 W. Marion St, Shelby, NC 28150 / (704) 476-8127

Received date:  School Nutrition Use Only:

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  Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF or FDIR?  <input type="checkbox"/> NO <input type="checkbox"/> YES  If "YES" please provide a case number (only one) <b>CASE NUMBER:</b> <input type="text"/>
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 ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)		CHILD/STUDENT INCOME from ALL OTHER SOURCES				
First Name	MI	Last Name	Circle One: S O	School Name	Grade	Circle One: H M R F	GROSS Income	CIRCLE Frequency Weekly Monthly Bi-Weekly Bi-Monthly	Income	CIRCLE Frequency Weekly Monthly Bi-Weekly Bi-Monthly			
<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"/>	<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"/>	<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"/>	<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"/>	\$ <input type="text"/>	<input type="text"/>			

C. ADULT Household Members				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.												D. Household Total and Social Security Number (SSN)			
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		ENTER Total Number of Household Members (Children and Adults) HERE					
First Name (Head of Household)	Last Name (Head of Household)	\$	Weekly	Monthly	\$	Weekly	Monthly	\$	Weekly	Monthly	Bi-Weekly	Bi-Monthly	ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY)						
<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

*"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:	<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			Reason for Denial of Eligibility:		
				Verifying Official's Signature & Date:		