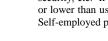
APPLICATION FOR FREE AND REDUCED PRICE MEALS

 \leftarrow OR \rightarrow

2013-2014

INSTRUCTIONS: To apply for free or reduced price meals for your child or children, complete, sign and return this form to: PITT COUNTY CHILD NUTRITION OFFICE, 1717 WEST 5TH STREET, GREENVILLE, N.C. 27834. If you need help with this form, please call 252-830-4226. If you have a change of address during the school year, please report change to our office.

FOOD AND NUTRITION SERVICES RECIPIENTS: If your child(ren) is now receiving benefits from the Food and Nutrition Services (formerly Food Stamp) you may give your food nutrition case number and skip the income questions on this form. You still must list all household members. If your child or children receive FNS benefits or TANF/WFFA list one case number and they will qualify for free meals.



ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS: List ALL income received last month by ALL household members (including children) on the same line with the person who received it. List gross income BEFORE deductions for taxes, social security, etc. If you have household members whose last month's income was much higher or lower than usual, please list expected income for this year (12 months from last month). Self-employed people like farmers and migrant workers should list yearly net income.

HOUSEHOLD MEMBERS AND SOCIAL SECURITY NUMBERS: List the names and ages of everyone living in your household. List the last four digits of the Social Security number of the adult household signer. If an adult does not have a Social Security number check the box "I do not have a social security number."

NEW STUDENT:	If there is a child of	on this application tha t	was <u>not</u>
enrolled in Pitt C	County Schools last	year, please check be	ox.

FOSTER CHILD: If this application includes a child who is the legal responsibility of a welfare agency or court, check box next to child's name.

If the child you are applying for is HOMELESS ☐ MIGRANT ☐ or a
RUNAWAY check the appropriate box. If you have questions
please call Dr. Pokie Nolan at 830-4237.

FAMILY AND STUDENT INFORMATION						GROSS INCOME AND HOW OFTEN IT WAS RECEIVED. (USE EXACT INCOME INCLUDING CENTS.) EXAMPLE: \$100.15 PER MONTH \$100.97 TWICE A MONTH \$100.76 EVERY OTHER WEEK \$100.00 PER WEEK						
SCHOOL	ID Number (Office Use Only)	LIST NAMES OF ALL HOUSEHOMEMBERS Name	OLD F O S T E R	Birthday	SSN (Optional)	A G E	GRADE	FNS/TANF CASE NUMBER (EBT # NOT ACCEPTABLE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS RETIREMENT SOCIAL SECURITY	ALL OTHER INCOME
	EXAMPLE	Jane Smith							\$_200.50 per week	\$per	\$ <u>675.00</u> per month	\$per
									\$per	\$per	\$per	\$per
									\$per	\$per	\$per	\$per
									\$per	\$per	\$per	\$per
									\$per	\$per	\$per	\$per
									\$per	\$per	\$per	\$per
									\$per	\$per	\$per	\$per
									\$per	\$per	\$per	\$per

SIGNATURE: An adult household member must sign the application. The adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Use of Information statement on back of page. I certify (promise) that all information is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

				Children's racial and ethnic ide	entities (Optional)
X			XXX-XX	Mark one ethnic identity:	Mark one or more racial identities:
Signature of Parent or Adult Household Member	Print name	Date	Last four digits of Social Security Number	Hispanic/Latino	White
				Not Hispanic/Latino	Black or African American
Mailing			☐ I do not have a Social Security Number	-	Asian
Address:			•		American Indian or Alaska Native
		Home Phone (Native Hawaiian or Other Pacific Islande
		Work Phone	; j		