

# APPLICATION FOR FREE AND REDUCED PRICE MEALS

# 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 5<sup>TH</sup> 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.**

← **OR** →

**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 on this application that was **not enrolled** in Pitt County Schools last year, please check box.

**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				N O I N C O M E
SCHOOL	ID Number (Office Use Only)	LIST NAMES OF ALL HOUSEHOLD MEMBERS Name	F O S T E R	Birth day	SSN (Optional)	A G E	G R A D E	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	\$675.00 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 on this application 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.

X \_\_\_\_\_  
Signature of Parent or Adult Household Member      Print name      Date      XXX-XX-\_\_\_\_ Last four digits of Social Security Number

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_

I do not have a Social Security Number

**Children's racial and ethnic identities (Optional)**  
Mark one ethnic identity: \_\_\_\_\_ Mark one or more racial identities: \_\_\_\_\_  
\_\_\_\_\_ Hispanic/Latino      \_\_\_\_\_ White  
\_\_\_\_\_ Not Hispanic/Latino      \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

