

2023-24 Pitt County Schools Free and Reduced Price School Meals Household Application

(Complete one application per household. Please use a pen.) 1717 West Fifth Street, Greenville, NC 27834 (252) 830-4226 Email: snutrition@pitt.k12.nc.us Application # _____

PART 1: List the Names of ALL Household Members (even if they do not receive income) (First Middle Initial Last) and CIRCLE each individual's role in the household. HH = Head of Household S = Student O = Other family member **PLEASE PRINT**			For each STUDENT in the household please ENTER the Name of the School where student is currently enrolled and their Grade and Birth Date . (if applicable)			If applicable, please CIRCLE if a STUDENT is: H = Homeless M = Migrant R = Runaway F = Foster	PART 3: INCOME 1) For households receiving assistance benefits, please SKIP to the FNS, Work First Cash Assistance, or FDPIR section below (Part 2). 2) For EACH household member (including yourself) ENTER ALL types and amounts of Gross Income received and the code for the frequency (ex. \$250.00 M). 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. 3) Use whole dollar amounts only (no cents) (ex. \$1000). 4) IMPORTANT NOTE: If an individual receives income from multiple sources in a category, enter the combined total of income for that category. For information on types of income see the "Sources of Income" chart on the reverse side of this application.									
							Earnings from WORK Enter total GROSS income (before deductions) in whole dollars only.		Public Assistance Alimony Child Support		Pensions Retirement Social Security/SSI VA benefits		All Other Income			
Name First MI Last			Circle One:	School Name	Grade	Birth Date Month/Day/Year	Circle one:	Income Frequency Codes: Wk = Weekly BiW = Bi-Weekly M = Monthly BiM = Bi-Monthly								
			HH S O				H M R F									
			HH S O				H M R F									
			HH S O				H M R F									
			HH S O				H M R F									
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			HH S O				H M R F									
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PART 2: FNS, Work First Cash Assistance or FDPIR Assistance Benefits -Households with a FNS (FNS, formerly known as the Food Stamp program), Work First Cash Assistance, or FDPIR recipient do not have to fill out the household income section, nor does the adult signing the application have to include the last 4 digits of their social security number.

If any member of your household receives FNS, FDPIR or Work First Cash Assistance, please select the program type and provide the case number for the person who receives benefits then SKIP to PART 4 .			Select program type: <input type="checkbox"/> FNS <input type="checkbox"/> FDPIR <input type="checkbox"/> Work First Cash Assistance			CASE ID NUMBER: _____		
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PART 4: Attestation: An adult household Member must sign the application. If the income section is completed, 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. "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:			Printed Name:			Today's Date:		Email:	
Address:				City		State	Zip	Phone Number	
Enter LAST FOUR DIGITS of Social Security number:				*** - **					<input type="checkbox"/> I do not have a Social Security Number

PART 5: Child(ren)'s Ethnic and Racial Identities (optional)									
Select one ethnicity: <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino			Select one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander						

For Office Use Only									
Annual Income Conversion: Weekly (x52) Bi-Weekly (x26) Monthly (x12) Bi-Monthly (x24)									
Total Household Income _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually Total Household Members <input type="checkbox"/>									
Categorical Eligibility _____ Date Withdrawn: _____ Eligibility: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied Reason: _____									
Determining Official's Signature: _____								Date: _____	
Confirming Official's Signature: _____				Date: _____		Verifying Official's Signature: _____			Date: _____

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
-Earnings from work	-A child has a regular full or part-time job where they earn a salary or wages
-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

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) <i>If you are in the U.S. Military:</i> -Basic pay and cash bonuses (do 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

Please mail this application to:

Pitt County Schools
Attn: School Nutrition Services
1717 W. Fifth Street
Greenville, NC 27834

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

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2.**fax:**
(833) 256-1665 or (202) 690-7442; or
- 3.**email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.