Office use only
1st date _____ initials _____
2nd date ____initials_____

Franklin County Schools
Free and Reduced Price School Meals
Family Application for 2011 – 2012

Office Use Only

Family #_____

This Application Covers ALL Students in Your Household
Incomplete applications will be returned and this will delay processing time!
DO NOT COMPLETE APPLICATION IF YOU HAVE RECEIVED A PRE-APPROVAL LETTER FOR MEALS.
IF YOU HAVE NOT RECEIVED A PREAPPROVAL LETTER, YOU MUST FILL THIS FORM OUT FOR YOUR CHILD TO BE ELIGIBLE FOR MEAL BENEFITS, EVEN IF THEY OR THEIR SIBLINGS RECEIVED BENEFITS LAST YEAR
RETURN TO ANY FRANKLIN CO. SCHOOL OR CN OFFICE 53 WEST RIVER ROAD LOUISBURG, NC 27549

PART 1. STUDENT INFORMATION: Children in Franklin County Schools *INCLUDING* foster children.

Names of all children in FCS (First, Middle Initial, Last)	School Name	Grade	Foster Child (check if the child is considered as a legal responsibility of welfare agency or court) NOTE: If all children listed are foster children, SKIP TO PART 5.
			O
			O
			O
			O
			O

PART 2. BENEFITS: If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp program, FDPIR or TANF/Work , first provide the NAME and CASE NUMBER for the person who receives benefits. The case number is NOT the ATM DEBIT card number, it is a case number with (9) digits. SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: _____ CASE NUMBER: _____

PART 3. HOMELESS, MIGRANT, RUNAWAY CHILDREN: If the child you are applying for is homeless, migrant, or runaway , check the appropriate line and call your school's homeless and runaway liaison at 919-496-2457 or migrant liaison at 919-496-1592 – or toll free at 1-877-532-0009.

HOMELESS _____ MIGRANT _____ RUNAWAY_____

PART 4. Total Household Gross Income : You must tell us HOW MUCH and HOW OFTEN received. (Use exact income including cents.)

Example: $100.75 per(W) Week | $100.75 per (EOW) Every 2 weeks | $100.75 per (2xM) 2 X month | $100.75 per (M) Month | $100.75 per(Y) Year

PART 1: Names of Everyone in Your Household (You must list EVERYONE, including students listed above. EVERYONE must have something written in one of the income columns, this includes column 5)	PART 2 Earnings Received From Work BEFORE ANY Deductions	Welfare Child Support or Alimony Received	Pensions, Social Security, SSI,VA Benefits.	ALL OTHER INCOME RECEIVED	PART 3 NO INCOME check box below
(example): Jane Smith **********	$200.50 per W	$100.75 per W	$100.45 per M	$75.00 per M	☐
	$ ____.__ 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 __	☐

PART 5 – SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER AND ADULT SIGNATURE: (REQUIRED)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number or mark the "(do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that Franklin County Schools 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.

Sign Here: X_____ Print Name:_____Date:_____

_____ _____ _____
Home Phone | Work/Cell Phone | Mailing Address | City /State | Zip Code

Last four digits of Social Security Number: ***-**-__ __ __ __ **(REQUIRED)** ___ I do not have a Social Security Number

PART 6 – Children's racial and ethnic identities (optional) Choose one ethnicity: ___ Hispanic/Latino or ___ Not Hispanic/Latino
Choose one or more (regardless of ethnicity): __ Asian __ White __ American Indian or Alaska Native __ Native Hawaiian or other Pacific Islander __ Black or African American.

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income:	Per Week	Every 2 weeks	Twice a Month	Once a month	Once a Year	Household size
Categorical Eligibility:	Date Withdrawn	Eligibility:	Free	Reduced	Denied	Reason
Temporary approved	Free	Reduced	Time Period	Expires __ days		

Determining Official's Signature _____ Date _____

Confirming Official's Signature: _____ Date _____ Verifying Official's Signature _____ Date _____