

Office use only

Franklin County Schools

Office Use Only

1st date \_\_\_\_\_ initials \_\_\_\_\_

Free and Reduced Price School Meals

2nd date \_\_\_\_\_ initials \_\_\_\_\_

Family Application for 2008 - 2009

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 PRE-APPROVAL LETTER, YOU MUST FILL THIS FORM OUT FOR YOUR CHILD TO BE ELIGIBLE FOR MEAL BENEFITS, EVEN IF THEY OR THEIR SIBLING RECEIVED BENEFITS LAST YEAR

RETURN IN ATTACHED ENVELOPE TO ANY FRANKLIN CO. SCHOOL OR CN OFFICE 53 WEST RIVER ROAD LOUISBURG, NC 27549

PART 1. STUDENT INFORMATION: Print legal names and other required information of STUDENTS in your household in grades Pre-K - 12. (Use a separate application for each Foster Child)

LIST STUDENT(S) NAMES HERE

(only those that attend Franklin County Schools)

Food Stamp or WFFA Case #, if any. Each child's name must have a # beside it you get food stamp. Skip to Part 5 if you list

a Food Stamp or WFFA Case # (EBT card numbers will not be accepted). The food stamp number is a 9 digit number, beginning with a "9"

Table with 4 columns: FIRST, MIDDLE INITIAL, LAST; SCHOOL NAME; GRADE; and a blank column for case numbers. Rows 1-5.

PART 2. MIGRANT, HOMELESS OR RUNAWAY CHILD Check appropriate box AND indicate student from number above. (Call your child's school office to verify this eligibility.)

Homeless # Migrant # Runaway #

PART 3. FOSTER CHILD If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and list amount of the child's personal income: \$ / (see example below) (Skip to part 5)

Example: \$100.75/week \$100.75/every other week \$100.75/twice a month \$100.75/month

PART 4. Total Household Gross Income You must tell us HOW MUCH and HOW OFTEN received.

Example: \$100.75/week \$100.75/every other week \$100.75/twice a month \$100.75/month

If the household member listed below has NO INCOME, you must check the box in column 5. FOR EVERY MEMBER, SOMETHING MUST BE WRITTEN IN THE INCOME COLUMNS. The application will be considered incomplete otherwise

Table with 6 columns: Names of Everyone in Your Household; Column 1 Earnings Received From Work BEFORE ANY Deductions; Column 2 Welfare Child Support or Alimony Received; Column 3 Pensions Social Security or Retirement Received; Column 4 Worker's or Unemployment Compensation Received; Column 5 If you have no income, you must check this box.

PART 5 - AN ADULT HOUSEHOLD MEMBER MUST SIGN THIS APPLICATION. IF PART 4 IS COMPLETED, THE ADULT MUST LIST HIS/HER SOCIAL SECURITY NUMBER OR MARK THE "I DO NOT HAVE A SOCIAL SECURITY NUMBER" BOX. Otherwise the application is incomplete (See Privacy Act Statement)

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 provide. 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:

Social Security Number: I do not have a Social Security Number

Home Phone Work/Cell Phone Mailing Address City Zip Code

TO KEEP CONFIDENTIAL, PLEASE RETURN IN ENVELOPE PROVIDED

PART 6 - Children's racial and ethnic identities (optional)

- Mark one or more racial identities: Asian, White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other. Mark one ethnic identity: Hispanic or Latino, Not Hispanic or Latino

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, Month, Year Household Size:
Eligibility: Free, Reduced, Denied: Reason: income, other
Temporary: Free, Reduced Time Period (expires after 30 days)
Categorical Eligibility: Date Withdrawn:
Determining Official's Signature: Date
Confirming Official's Signature: Date
Follow-up Official's Signature: Date

Dear Parent or Guardian:

**Students need healthy meals to learn. Franklin County Schools offers healthy breakfast and lunch meals every school day. Lunch costs \$1.85 for grades Pre-K – 5 and \$2.00 Grades 6 through 12. Breakfast costs \$1.00 Pre-K through 12. Your children may qualify for free meals or reduced price meals. Reduced price lunch costs \$.40 and reduced price breakfast costs \$.30 in Pre-K through 12.**

**IF YOU HAVE RECEIVED A LETTER APPROVING YOUR CHILDREN FOR MEALS THIS SUMMER (Food Stamp, WFFA or Migrant Households) YOU DO NOT NEED TO SUBMIT ANOTHER APPLICATION. IF YOU HAVE NOT RECEIVED A LETTER, YOU MUST FILL OUT AN APPLICATION FOR YOUR CHILD(REN) TO QUALIFY FOR BENEFITS. THIS INCLUDES IF YOUR CHILD(REN) WAS APPROVED LAST YEAR, ALL KINDERGARTEN AND NEWLY ENROLLED STUDENTS**

**ONE FAMILY APPLICATION COVERS ALL STUDENTS IN YOUR HOME ATTENDING FRANKLIN COUNTY SCHOOLS**

**HOW TO FILL OUT THE APPLICATION**

- o If your household gets FOOD STAMPS or WFFA: List student's names, school, grade and a Food Stamp or WFFA number BY EACH CHILD'S NAME in Part 1. *NOTE: The EBT Card number is not acceptable. If you are unsure of your Food Stamp Case Number, contact your local Department of Social Services to get the number. Child Nutrition CANNOT call to get this number for you. Your application is incomplete and will not be processed without this number.* Check the appropriate box in Part 2, if any. Skip Part 3 and Part 4. Sign the form in part 5. The adult signer does not need to provide a social security number if you receive FOOD STAMPS or WFFA. Answer Part 6 if you choose to.
- o **Migrant, Homeless or Runaway:** List Name(s), school and grade in Part 1. Check the appropriate box in Part 2 and give the number(s) of the student(s) you are referring to from list in Part 1. You must contact your child's school office to verify this student's status. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.
- o **If you are applying for a FOSTER CHILD, use a separate application for each foster child.** List the child's name, school, and grade in Part 1. Check the box in Part 3 and list the child's personal use monthly income, if any. Skip Part 4. Sign the form in

Part 5. The adult signer is not required to provide a social security number for court registered foster children.

You may fill out Part 6 if you choose to do so.

- o **ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**  
 List each student's name, school and grade in **Part 1. Skip Part 2 & 3.** Report household income from last month in **Part 4** as follows:  
**Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you, **including those listed in Part 1.** Attach another sheet of paper if you need to.  
**Gross Income:** Next to each person's name list each **type of income received last month** and **how often** it was received.  
**Column 1:** Gross income last month and how often it was received. **For example, Earnings From Work: List the gross income each person earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). Gross income is the amount earned before taxes and other deductions.**  
**Column 2:** List the amount each person got last month from welfare, child support, or alimony and how often it is received.  
**Column 3:** Pensions, Retirement, and Social Security payments and how often it is received.  
**Column 4:** List Worker's Compensation, Unemployment, Supplemental Security Income (SSI), Veteran's Benefits (VA benefits), Disability Benefits, regular contributions from people who do not live in your household, ANY OTHER INCOME and how often it is received. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. Report Workers Compensation, unemployment, Supplemental Security Income (SSI), Veteran's (VA) benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME in the fourth column. If you are in the Military Housing Privatization Initiative do not include this housing allowance.  
**Column 5:** If the person, including a child, does not have any income, place a check in this column for that person. **If the box is not checked and you do not list income, the application will not be approved.** **Part 5:** An adult household member must sign the form and list his/her Social Security Number, or mark the box if he/she doesn't have one. **Part 6:** Answer this question if you choose to.

**YOU WILL BE NOTIFIED BY MAIL WHEN YOUR APPLICATION IS APPROVED OR DENIED. KEEP THE NOTIFICATION LETTER FOR PROOF OF BENEFITS THAT MAY BE REQUIRED FOR OTHER PROGRAMS.**

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household Size	Annual Income	Monthly Income	Weekly Income
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
<i>For Each Add'l family member add:</i>	<i>6,660</i>	<i>555</i>	<i>129</i>

**FREQUENTLY ASKED QUESTIONS:**

1. **Do I need to fill out an application for each child?** No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an incomplete application, **so fill out all required information and return to your child's school.**
2. **Who can get free meals?** Students in households getting Food Stamps or WFFA and most foster children can get free meals regardless of your income. Food Stamp and WFFA recipients registered as of June 30, 2008, with Franklin County Social Services, should receive a pre-approval letter for your children before school starts. If you receive this letter you do not need to fill out an application unless you have children who are not listed on the letter. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway and migrant children get free meals?** Please call your child's school office to see if your children qualify, unless you have been informed by letter that they will get free meals.
4. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this page.
5. **Should I fill out an application if I got a letter after July 1, 2008 saying my children are approved for free meals?** No, but if you receive the letter and have questions, please call Glenda Parrish at 919-496-5125 for more information. Also, check to make sure ALL of your children's names are listed on the letter.
6. **I get WIC. Can my children get free meals?** Your children **may** be eligible for free or reduced price meals. Please fill out an application.
7. **Will the information I give be checked?** Yes, we may ask you to send written proof of the income information you provide.
8. **If I don't qualify now, may I apply later?** Yes, You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, WFFA or other benefits. If you lose your job, your children may also be eligible.
9. **What if I disagree with decision about my application?** You should talk to school officials. Call Glenda Parrish at 919-496-5125 for questions or to schedule a hearing with Thomas Piper, Assistant Superintendent for Auxiliary Services, Franklin County Schools.
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify.
11. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
12. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000/month, but you missed some work last month and only got \$900, put down \$1000/month. If you normally get overtime, include it, but not if only sometimes.
13. **We are in the military, do we include our housing allowance as income?** If it is part of the Military Housing Privatization initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

**If you have any other questions please contact the Franklin County Schools Child Nutrition Office at 919-496-5125.**

***Sincerely, Jama G. Stallings, SNS, Child Nutrition Director***

**Privacy Act Statement:** This explains how we will use the information you give us. 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Work First Family Assistance (WFFA) or Food Distribution on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate 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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 800-795-3272 or 202-720-6382 (voice and TDD). USDA is an equal opportunity provider and employer.