

Office use only

Franklin County Schools

Office Use Only

1st date _____ initials _____

Free and Reduced Price School Meals

2nd date _____ initials _____

Family Application for 2010 - 2011

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 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: 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)

If your household receives benefits from the Food and Nutrition Services (formerly the Food Stamp Program), or gets TANF the # must be written by Each child's name. The number for the FNS program is a 9-digit number starting with a "9" Skip to Part #5

Table with 5 columns: FIRST, MIDDLE INITIAL, LAST; SCHOOL NAME; GRADE; and two empty columns for additional information. Rows 1-5.

PART 2. MIGRANT, HOMELESS OR RUNAWAY CHILD Check appropriate box AND call your school, homeless liaison at 919-496-2457 or migrant liaison at 919- 496-1592. 'Toll Free' 1-877-532-0009

Homeless Runaway Migrant

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 use monthly income: \$_____ per ____ . SEPARATE APPLICATION FOR EACH FOSTER CHILD. (Skip to part 5.)

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

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

Example: \$100.75 per(W) \$100.75 per (EOW) \$100.75 per (2xM) \$100.75 per (M) \$100.75 per(Y)

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 NO INCOME check box below

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 on back of 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 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: _____ (Required) (or) I do not have a Social Security Number

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

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

Mark one or more racial identities:

- Asian American Indian or Alaska Native
White Native Hawaiian or Other Pacific Islander
Black or African American 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 days)

Categorical Eligibility: Date Withdrawn:

Determining Official's Signature: Date
Confirming Official Signature: Date
Follow-up Official's Signature: Date