

2022-2023 Rowan-Salisbury Schools Free and Reduced Price School Meals Household Application

(Complete one application per household. Please use a pen.)

P.O. Box 2349—Salisbury, NC 28145 Phone: 704-630-6046

Family File #

A. CHILDREN and STUDENT Household Members

NOTE: For more information on types of income see the "Sources of Income for CHILDREN /STUDENTS" chart on page 2 or the reverse side of this application.

1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.
 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.

If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade.

If applicable, please CIRCLE if a CHILD/STUDENT is:

Homeless
Migrant
Runaway
Foster

CHILD/STUDENT INCOME Earnings from Work

ENTER total gross income amount (before deductions) in whole dollars only. (\$000)

CHILD/STUDENT INCOME from ALL OTHER Sources

(Example: Child Support, Social Security Benefit etc.)

Student Id# or DOB	First	MI	Last	Circle One:	School Name	Grade	Homeless/Migrant/Runaway/Foster	Income	CIRCLE Frequency	Income	CIRCLE Frequency
				S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
				S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
				S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
				S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
				S O			H M R F	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly

B. Assistance Programs

Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First/TANF, or FDIPIR?

NO YES

If "YES" please provide a case number (only one)

Case Number:

then SKIP to SECTION E.

C. ADULT Household Members

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of income received. 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.
 2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on types of income see the "Sources of Income for ADULTS" chart on page 2 or the reverse side of this application.

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.	Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency
Head of Household	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly	\$	Weekly Monthly Bi-Weekly Bi-Monthly

D. Household Total and Social Security Number (SSN)

ENTER Total Number of Household Members (Children and Adults) HERE

ENTER LAST FOUR DIGITS of SSN HERE (Head of Household or Primary Wage Earner ONLY)

I do not have a Social Security Number

F. Child(ren)'s Ethnic and Racial Identities (Optional)

SELECT one ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

SELECT one or more (regardless of ethnicity):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

E. Attestation: An adult household Member must sign the application. "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:	Today's Date:	Email:	Address:
Printed Name:		Contact Number:	City: State: Zip Code:

For Office Use Only	Total Household Members :	Total Household Income: per:
	Income Conversion	
NOTE: If there are multiple income sources with more than one frequency, the SFA must annualize all income by multiplying:		
<input type="checkbox"/> Weekly (x52) <input type="checkbox"/> Bi-Weekly (x26) <input type="checkbox"/> Monthly (x12) <input type="checkbox"/> Bi-Monthly (x24) <input type="checkbox"/> Annually		

Eligibility Determination:
<input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied
Reason for Denial of Eligibility:

Determining Official's Signature & Date:
Confirming Official's Signature & Date:
Verifying Official's Signature & Date: