

**2023-24 Mooresville Graded School District Free and Reduced Price School Meals Household Application** *(Complete one application per household. Please use a pen.)*

Please return to: **MGSD School Nutrition 574 W. McLelland Ave., Building B, Mooresville, NC 28115, Phone 704-663-1531.**

A. CHILDREN and STUDENT Household Members					NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (or reverse side) of this application.				B. Assistance Programs			
<b>1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.</b> <b>2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.</b>		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		<b>CHILD/STUDENT INCOME Earnings from Work</b>  ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)		<b>CHILD/STUDENT INCOME from ALL OTHER Sources</b>		Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, WorkFirst/TANF, or FDIR?  <input type="checkbox"/> NO <input type="checkbox"/> YES		
First MI Last	Circle One:	School Name	Grade			GROSS Income	CIRCLE Frequency	Income	CIRCLE Frequency	If "YES" please provide a case number (only one)  <b>Case Number:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>  Then SKIP to SECTION E.		
	S   O			H   M   R   F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly			Monthly Bi-Monthly
	S   O			H   M   R   F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly			Monthly Bi-Monthly
	S   O			H   M   R   F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly			Monthly Bi-Monthly
	S   O			H   M   R   F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly			Monthly Bi-Monthly
	S   O			H   M   R   F	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly			Monthly Bi-Monthly

C. ADULT Household Members		1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS 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 "Sources of Income for ADULTS" and Income Frequency chart on page 2 (or reverse side) of this application.									
LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.		GROSS Income Earnings from WORK	CIRCLE Frequency		Public Assistance/ Alimony/ Child Support	CIRCLE Frequency		Pensions/ Retirement/ All Other Income	CIRCLE Frequency		
Head of Household		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	
Other Adult		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly 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 <small>(Head of Household or Primary Wage Earner ONLY)</small>	
<input type="checkbox"/> I do not have a Social Security Number	

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:	

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

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"/> Biweekly (x26) <input type="checkbox"/> Monthly (x12) <input type="checkbox"/> Bimonthly (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

Sources of Income

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
<ul style="list-style-type: none"> <li>Earnings from work</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
<ul style="list-style-type: none"> <li>Social Security                             <ul style="list-style-type: none"> <li>-Disability Payments</li> <li>-Survivor's Benefits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A Parent is disabled, retired or deceased and their child receives Social Security benefits</li> </ul>
<ul style="list-style-type: none"> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity or trust</li> </ul>

Sources of Income for ADULTS		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (does NOT include combat pay, FSSA or privatized housing allowances)</li> <li>Allowances for off-base housing, food and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash Assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

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	

Please Mail this application to: **MGSD SCHOOL NUTRITON**  
**574 W. MCLELLAND AVE., BUILDING B.**  
**MOORESVILLE, NC 28115**

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](mailto:Program.Intake@usda.gov)

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