1178648465

2016-17 Davidson County Schools Household Application for Meal Benefits

Please print clearly and neatly using ONE CAPITAL LETTER per block. Use BLACK INK.

1 Student Information

List ALL students who attend a Davidson County School. If the child you are applying for is Foster, Homeless, Migrant, Runaway or Head Start, mark the appropriate box ([F] Foster, [H] Homeless, [M] Migrant, [R] Runaway, [Z] Head Start). If your student is Homeless, Migrant or Runaway, please call the Homeless Liaison/Migrant Coordinator at (336) 242-5635. If applicable, please enter student gross income and how often it is received. In the income frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week and [W] for weekly. For examples see section 3.

	First Name	M	Last Name	Foster, Head Start, Migrant, Runaway, Homeless	Student Number	School Name	Grade	Student Earnings from Work Before Deductions	Income Frequency	Social Security & Other Income Before Deductions	Income Frequency
1								$		$	
2								$		$	
3								$		$	
4								$		$	
5								$		$	
6								$		$	

2 Benefits

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP/FNS (formerly known as food stamps), FDPIR, TANF/WF Assistance MARK THE APPROPRIATE BOX BELOW AND SKIP TO PART 4. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

☐ FDPIR ☐ TANF/WF

☐ SNAP/FNS

Case Number (NOT EBT CARD #)

3 Household Members

List the names of all Household Members excluding Students listed above. Please enter Gross Income (amount before deductions) and how often it is 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. In the Income Frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week, [W] for Weekly. Example: $9500 Annually 9500 A or $1200 Monthly 1200 M or $600 Twice a month 600 T or $554 Every other week 554 E or $325 Weekly 325 W

	First Name (Signing Adult)	Last Name (Signing Adult)	Earnings from Work Before Deductions	Income Frequency	Welfare, Child Support, Alimony	Income Frequency	Pensions, Retirement, Social Security	Income Frequency	All Other Income	Income Frequency
1			$		$		$		$	
	First Name (Other Members)	Last Name (Other Members)								
2			$		$		$		$	
3			$		$		$		$	
4			$		$		$		$	
5			$		$		$		$	
6			$		$		$		$	

4 Ethnic/Racial Identities (Optional)

Choose one Ethnicity:

☐ Hispanic/Latino

☐ NotHispanic/Latino

Choose one or more: Regardless of Ethnicity

☐ Asian

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

5

Mailing Address | **City** | **State** | **Zip Code**

Attestation: An adult household Member must sign the application. If the income section is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. "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."

Area Code ( ) **Daytime Phone #** -

SIGNATURE: _____ **DATE:** _____ **Signing Adult SSN#** (Only last four digits required)

Check here ☐ if you do not have a Social Security Number.

Household Size (Office Use Only)

PRINTED SIGNATURE: _____ **EMAIL:**