2026-2027 Craven County Schools Free and Reduced-Price School Meals Household Application *(Complete one application per household. Please use a pen.)*

Please return to: 1822 Hazel Avenue, New Bern, NC 28560

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.*

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:

***H**omeless*
***M**igrant*
***R**unaway*
***F**oster*

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

First MI Last	*Circle One:*	*School Name*	*Grade*	H M R F	*GROSS 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, WorkFirst/TANF, or FDPIR?

❑ 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 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 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

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:

❑ 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

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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:

❑Weekly (x52) ❑Biweekly (x26) ❑Monthly (x12) ❑Bimonthly (x24) ❑ Annually

Eligibility Determination:

❑ Categorical Eligibility ❑ Free ❑ Reduced ❑ 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
• Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
• Social Security -Disability Payments -Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A Parent is disabled, retired or deceased and their child receives Social Security benefits
• Income from any other source	• A child receives regular income from a private pension fund, annuity or trust

Sources of Income for ADULTS

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) ***If you are in the U.S. Military:*** • Basic pay and cash bonuses *(Does NOT include combat pay, FSSA or privatized housing allowances)* • Allowances for off-base housing, food and clothing	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash Assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

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: **CRAVEN COUNTY SCHOOLS**
1822 HAZEL AVENUE
NEW BERN, NC 28560

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 look into violations of program rules.

USDA Non-Discrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

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