

ALL OTHER HOUSEHOLD MEMBERS MUST BE LISTED IN SECTION 3. ANY STUDENTS WITH INCOME MUST BE LISTED IN BOTH SECTIONS 1 AND 3.

Catawba County Schools Family Application for Meal Benefits
 Please print clearly and neatly using **ONE CAPITAL LETTER** per block. Use **BLACK INK**.

2011-2012

1 Student Information List ALL students who attend a Catawba County School.

For students with income please list the student(s) in section 1 and 3, for students without income, check the **NO income box**

	First Name	MI	Last Name	Check if Foster
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Note: Any student that is listed in Section 1 that has their own income MUST be re-listed in SECTION 3.

Student Number	School Name	Grade	Check if NO Income

2 Benefits

If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp program), FDPIR or TANF/Work First, provide the name and case number for the person who receives benefit, **provide first name and last name of signing adult in section 3, and skip to section 5.**

If no one receives these benefits, SKIP to Section 3.

Name: _____

Case Number: _____

3 Household Members List all OTHER households members and re-list any student in Section 1 that has their own income. Please enter 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, [W] for Weekly. **INCOME EXAMPLE: \$9500.58 Annually 9500.58 A or \$1200.99 Monthly 1200.99 M or \$600.25 Twice a month 600.25 T or \$554.00 Every other week 554.00 E or \$325.75 Weekly 325.75 W.**

	First Name (Signing Adult)	Last Name (Signing Adult)	Check if NO Income	Earnings from Work before deductions	Cents	Income Frequency	Welfare, Child Support, Alimony	Cents	Income Frequency	Pensions, Retirement, Social Security	Cents	Income Frequency	All Other Income	Cents	Income Frequency
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															

4 Homeless/Migrant/Runaway

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Homeless Liason/Migrant Coordinator at 828-464-8333.

Homeless Migrant Runaway

5 Waiver of Privacy Act (Optional)

For the following programs, we must have your permission to share your information. Completing this section will not change whether your children get free or reduced price meals.

Dental Benefits Health Care Benefits

Signature: X

6 Ethnic/Racial Identities (Optional)

Choose one ethnicity:

Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

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

7 Mailing Address _____

City _____ State _____ Zip Code _____

An adult household member must sign the application. If Section 3 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. (See Privacy Act Statement attached.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

SIGNATURE: _____

PRINTED SIGNATURE: _____

DATE: _____

SIGNING ADULT SSN# _____
 (only last four digits required)

Area Code _____ Phone Number _____ - _____

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

Household Size _____