

**Alleghany County Schools – Child Nutrition Program**  
**85 Peachtree Street**  
**Sparta, NC 28675**  
**336-372-4345**

**2013-2014**

**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**

**Part 1. Children in School including foster children**

Names of all children in school (First, Middle Initial, Last)  Please Print	School Name <b>Alleghany High, Sparta Elem., Glade Creek Elem. or Piney Creek Elem.</b>	Grade	Foster Child <small>(Check if the child is considered as a legal responsibility of welfare agency or court)</small> <b>NOTE: If all children listed are foster children, skip to Part 5.</b>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Part 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 benefits and **SKIP to Part 5. If no one receives these benefits, SKIP to Part 3.**

**Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Part 3. Homeless, Migrant, Runaway Children**

If the child you are applying for is homeless, migrant, runaway check the appropriate box and call **your child's school and ask for the homeless liaison, migrant coordinator or call the Child Nutrition Director at (336)372-4345.** Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income—You must tell us how much and how often**

1. Name (List the names of EVERYONE in household including the students listed above) <i>(Example)</i> Jane Smith	2. Gross income and how often it was received. (Use exact income including cents.) <i>Example: \$100.15 per month \$100.97 twice a month \$100.76 every other week \$100.00 per week</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA Benefits	All Other Income	
	\$200.50 per week	\$100.75 per week	\$100.45 per month	\$75.00 per month	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>
	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	<input type="checkbox"/>

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**

**An adult household member must sign the application. If Part 4 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 statement on the back of this page.)**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get 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.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of Social Security Number: \*\*\*-\*\*- \_\_\_\_-\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities (optional)**

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**Do not fill out this part. This is for school use only.**

**Annual Income Conversion:**      **Weekly x 52,**      **Every 2 Weeks x 26,**      **Twice A Month x 24,**      **Monthly x 12**

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year      Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Food and Nutrition Services (FNS, formerly known as the Food Stamp Program) , 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.

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Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

<b>FEDERAL INCOME CHART</b>					
Effective For School Year July 1, 2013- June 30, 2014					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	<b>21,257</b>	<b>1,772</b>	<b>886</b>	<b>818</b>	<b>409</b>
2	<b>28,694</b>	<b>2,392</b>	<b>1,196</b>	<b>1,104</b>	<b>552</b>
3	<b>36,131</b>	<b>3,011</b>	<b>1,506</b>	<b>1,390</b>	<b>695</b>
4	<b>43,568</b>	<b>3,631</b>	<b>1,816</b>	<b>1,676</b>	<b>838</b>
5	<b>51,005</b>	<b>4,251</b>	<b>2,126</b>	<b>1,962</b>	<b>981</b>
6	<b>58,442</b>	<b>4,871</b>	<b>2,436</b>	<b>2,248</b>	<b>1,124</b>
7	<b>65,879</b>	<b>5,490</b>	<b>2,745</b>	<b>2,534</b>	<b>1,267</b>
8	<b>73,316</b>	<b>6,110</b>	<b>3,055</b>	<b>2,820</b>	<b>1,410</b>
Each additional person:	<b>7,437</b>	<b>620</b>	<b>310</b>	<b>287</b>	<b>144</b>

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**