

2023-2024 Lincoln County Schools Free and Reduced Price School Meals Household Application

(Complete one application per household. Please use a pen.)

Please return to: 2660 Maiden Hwy, Lincolnton, NC 28092—Attn: Amanda Davis

Sources of Income for CHILDREN/STUDENTS: Earnings from work, Social Security (Disability Payments, Survivor’s Benefits), or Income from any other Source (Pension, Annuity, Trust Fund)

Sources of Income for ADULTS: Earnings from Work (Salary, Wages, Cash Bonuses, Net Income from self-employment), Public Assistance/Alimony/Child Support (Unemployment, Worker’s Compensation, SSI, Cash Assistance from State or local government, Alimony, Child Support, Veteran’s benefits, Strike Benefits), Pensions/Retirement/All Other Income (Social Security, Pensions, Disability Benefits, Trusts, Estates, Annuities, Investment Income, Interest, Rental Income, Cash Payments)

A. CHILDREN and STUDENT Household Members

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:

Homeless
Migrant
Runaway
Foster

CHILD/STUDENT INCOME Earnings from Work

ENTER total gross income amount (before deductions) in whole dollars only. (\$000)

Income

CIRCLE Frequency

CHILD/STUDENT INCOME from ALL OTHER Sources

Income

CIRCLE Frequency

NOTE: For more information on types of income see the “Sources of Income for CHILDREN/STUDENTS” see information listed above..

B. Assistance Programs

Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, TANF/Work First, or FDIPIR?

☐ 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 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 types of income see the “Sources of Income for ADULTS” chart on page 2 or the reverse side of this application.

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.

Gross 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

For Office Use Only

Total Household Members :

Total Household Income:

☐ Weekly

☐ Bi-Weekly

☐ Monthly

☐ Bi-Monthly

☐ 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: