

**Cherokee County School District**  
**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**  
**2009 - 2010**

**Complete one application per household and one application for each foster child.**

Part 1. Children in School (Use a separate application for each foster child.)										
<i>Names of all children in school (First, Middle Initial, Last)</i>	<i>School Name</i>	<i>Grade</i>	<i>Social Security #</i>	<i>SNAP (formerly Food Stamp) (not EBT card #) or TANF Case #(if any)</i>						

**Part 2. If the child you are applying for is a homeless, migrant, or a runaway, check the appropriate box and call CCSD Foodservice Dept at 864-902-3582.** Homeless  Migrant  Runaway

**Part 3. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Write "0" if foster child has no personal use income. Skip to Part 5.

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

1. Name (List everyone in household.)	2. Last month's income and how often it was received weekly, 2x month, bi-weekly, monthly) (A - Annually, M - Monthly, BM - Bi-Monthly, W - Weekly, BW, Bi - Weekly) <i>\$0 income applications can only be approved on a temporary basis.</i>				3. Check if NO Income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	

**Part 5. Signature and 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 his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement in parent letter.)

*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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. All charges incurred before approval of benefits will be the responsibility of the parent/guardian.*

Sign here: x \_\_\_\_\_ Print name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number Date: \_\_\_\_\_

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

Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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**Part 7. Does your child(ren) have any medically documented dietary needs? Y\_\_ N\_\_ Place \* beside child's name.**

**Don't 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: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR APPLYING

### If your household gets FOOD STAMPS or TANF, follow these instructions:

- Part 1: List child(ren)'s name, school, grade, and Food Stamp or TANF case number.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.
- Part 7: Complete this part if this applies to any child(ren) in the household.

### Check the appropriate box and contact your school food service director. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

### If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2: Skip this part.
- Part 3: Check the box and list the child's personal use monthly income, if any.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.
- Part 7: Complete this part if this applies to any child(ren) in the household.

### All OTHER HOUSEHOLDS, follow these instructions:

- Part 1: List each child's name, school, and grade.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.  
**Column 1-Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.  
**Column 2-Gross income last month and how often it was received:** Next to each person's name list each type of income received last month and how often it was received. For example, *Earnings from work*: List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, bi-weekly, 2x month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security, (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column include Workers' Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.  
**Column 3-Check if no income:** If the person does not have any income, check the box. **0 income applications will only be approved on a temporary basis.**
- Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.
- Part 7: Complete this part if this applies to any child(ren) in household.  
Send completed application to school's cafeteria manager or 805 E Frederick Street, Gaffney, SC 29340

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### NONDISCRIMINATION STATEMENT

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