

**Cherokee County School District**  
**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**  
**2011 - 2012**

Complete one application per household.

**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>Last 4 digits of Social Security #</i>	<i>Check if Foster Child</i>	<i>SNAP or TANF Case #</i>

**Part 2. If any member of your household receives SNAP or TANF, provide the name of the person who receives benefits and skip to Part 5.**  
**Name:** \_\_\_\_\_ **If no one receives benefits, skip to Part 4.**

**Part 3. If the child you are applying for is a homeless, migrant, or a runaway, check the appropriate box and call Malinda Patterson at 864-206-2207** Homeless  Migrant  Runaway

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

1. Name (List <b>everyone</b> 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)				3. Check if <b>NO</b> 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 school officials may verify (check) the information. I understand that the information on this application may be used to verify my household's eligibility for meal benefits in the National School Lunch Program and Medicaid agencies as part of the state's participation in Medicaid Verification. 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:** \_\_\_\_\_  
 Last 4 digits of Social Security Number: XXX-XX - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number **Date:** \_\_\_\_\_

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

Mark one or more racial identities:  American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  
 White  Other: \_\_\_\_\_

Mark one ethnic identity:  Hispanic or Latino  
 Not Hispanic or Latino

**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 all household members and the name of school for each child.

**Part 2:** List the case number for any household member receiving SNAP or TANF benefits.

**Part 3:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Malinda Patterson at 206-2207.

**Part 4:** Sign the form. The last four digits of a Social Security Number **are not necessary**.

**Part 5:** Answer this question if you choose to.

### Part 2: If anyone in your household receives SNAP or TANF, complete this section.

#### All OTHER HOUSEHOLDS, follow these instructions:

**Part 1:** List each child's name, school, grade, and foster child status, if applicable.

**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. **Part 5:** An adult household member must sign the form and list the last 4 digits of his/her 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

Application 2011-2012 Page 2 of 2

#### NONDISCRIMINATION STATEMENT

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.