

## 2009-2010 FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

Questions? Need Help? Call 746-1375 or 1-800-241-8898 (outside Charleston)

Para asistencia en español, llame al 937-6394.

Return your completed application to your child's school or mail directly to the processing office at:  
School Meals Application, CCSD Food Service Dept., 3999 Bridge View Drive, Charleston, SC 29405

\*\*\* ***New Online Option*** - If you prefer, you can now apply online at [www.LunchApplication.com](http://www.LunchApplication.com) \*\*\*

You will be notified by mail after your application is processed.

**PRIVACY ACT STATEMENT: THIS EXPLAINS HOW WE WILL USE THE INFORMATION YOU GIVE US.** 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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a 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.

### **Instructions: Everyone must complete Part 1 and Part 5**

- If you receive Food Stamps, complete Parts 1, 2 and 5.
- If you **DO NOT** receive Food Stamps (applying based on income), complete Parts 1, 4 and 5.
- If you are applying for a foster child, complete Parts 1, 3 and 5.

**Please provide all required information. Incomplete applications will be returned.**

**Part 1 - CHILDREN IN CHARLESTON COUNTY SCHOOL DISTRICT:** Use a separate application for each Foster Child. Otherwise, list all children on the same application and *complete only one application per household.*

\*\*\*\*\* ***Please print clearly*** \*\*\*\*\*

Names of Children attending Charleston County Schools			Grade	School
First	Middle Initial	Last		
<i>(Write name as it appears on Birth Certificate)</i>				

**Part 2 - IF YOU RECEIVE FOOD STAMPS, COMPLETE THIS PART:** Put your Food Stamp Case Number here: \_\_\_\_\_ **DO NOT PUT YOUR EBT NUMBER DO NOT PUT YOUR CASEWORKER'S NAME** If you do not know your Case Number, call your Caseworker or the DSS office at 953-9400. **Skip to Part 5 (on the back)**

**Part 3 - IF YOU ARE APPLYING FOR A FOSTER CHILD, COMPLETE THIS PART:** *You must complete a separate Application for EACH Foster Child.* If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Write "0" if the foster child has no personal use income. **Skip to Part 5 (on the back)**

**Part 4 - IF YOU ARE APPLYING BASED ON YOUR HOUSEHOLD INCOME (YOU DO NOT RECEIVE FOOD STAMPS), COMPLETE PART 4 (on the back):** On the next page, you must tell us how many people live in your household. You must include every person, related or not, such as grandparents, other relatives or friends. Next to their name, list the amount and type of income they receive and how often they receive it.

**Part 4 - (CONTINUED):** If you do not receive Food Stamps, you must tell us how much you earn and how often:

- (1) In the space below, put the name of every person living at your address, related or not (such as grandparents, other relatives or friends).
- (2) Next to each person's name, list the amount and type of income they receive, and how often they receive it. Check the box if no income was received.

**Column 1:** List the **gross income** each person earned from work. **GROSS INCOME IS THE AMOUNT EARNED BEFORE TAXES AND OTHER DEDUCTIONS. DO NOT PUT TAKE HOME PAY.** Next to the amount, write **HOW OFTEN** the person got it (example: weekly, biweekly, twice a month, monthly or yearly).

**Column 2:** List any welfare, child support or alimony received and **HOW OFTEN**.

**Column 3:** List any pensions, retirement, social security, Supplemental Security Income (SSI) and disability benefits received and **HOW OFTEN**.

**Column 4:** List any Unemployment benefits or Worker's Compensation received and **HOW OFTEN**.

**Column 5:** List any other income: Veteran's Benefits (VA Benefits), military benefits received in cash, strike benefits, **REGULAR CONTRIBUTIONS FROM PEOPLE WHO DO NOT LIVE IN YOUR HOUSEHOLD** and **ANY OTHER INCOME** (cash amounts received or withdrawn from savings, investments, trust accounts or other resources). Report net income for self-owned business, farm or rental income. Next to the amount, write **HOW OFTEN** it was received. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

1. How many people live in the household? \_\_\_\_\_
2. Put the gross income (before deductions) for EACH household member and how often it is received:  
**Example: Weekly - Every Other Week - Twice a Month - Monthly - Yearly**  
 If the person received no income, check the box in the last column

List each person's name below. Include all adults and all children	Column 1	Column 2	Column 3	Column 4	Column 5	Check if No Income
	Earnings from work <u>before deductions</u> (Not take home pay)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, Disability Benefits	Unemployment, Workers Comp	Other Income	
1.	Amount How Often? \$ _____ / _____	Amount / How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	<input type="checkbox"/>
2.	Amount How Often? \$ _____ / _____	Amount / How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	<input type="checkbox"/>
3.	Amount How Often? \$ _____ / _____	Amount / How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	<input type="checkbox"/>
4.	Amount How Often? \$ _____ / _____	Amount / How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	<input type="checkbox"/>
5.	Amount How Often? \$ _____ / _____	Amount / How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	<input type="checkbox"/>
6.	Amount How Often? \$ _____ / _____	Amount / How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	Amount How Often? \$ _____ / _____	<input type="checkbox"/>

Attach another sheet of paper if you need to

**Part 5 - Signature and Social Security Number:** 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. 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 the information provided on this application may be used to verify my household's eligibility for benefits in the National School Lunch Program with Medicaid agencies as part of the state's participation in the Medicaid Verification Study. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Print Name Here: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Signer's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **OR**  I do not have a Social Security Number

Street \_\_\_\_\_ Apt/Lot #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

