

Signer's first name:

Signer's last name:

Signer's Social Security Number:

Part 1. Children in School (Use **one application per household**, except for foster children. Each foster child needs a separate application.)

Student's Birth Date	Names of all children attending Rowan-Salisbury Schools. All other children list in household below. (First, Middle Initial, Last)	School Name	Grade	<i>Note:</i> Section must be completed or application cannot be processed <i>Example: \$200.00 per month</i>			Rowan County Food Stamp Or TANF Number ONLY (NOT Medicaid or EBT Card #'s)
				No Income	Student's Work Earnings	Student's SS & Other Income	
				<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	
				<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	
				<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	
				<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	
				<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	

If you listed a Food Stamp/TANF case number (not EBT Card number) for **EACH** child, skip to Part 5.

Part 2. If the child you are applying for is **homeless/runaway** or a **migrant**, check the appropriate box and call your school and ask for your homeless liaison contact person or if migrant, call the migrant coordinator at 704-630-6089. Homeless Runaway Migrant

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 income: \$ _____ per _____. Skip to Part 5.

Part 4. Total Household Income from Last Month. YOU MUST TELL US HOW MUCH (INCOME) WAS RECEIVED AND HOW OFTEN!

Name: List <u>everyone</u> in household <u>not</u> listed above.	If there is no income-you MUST check no income box or application cannot be processed. Current income and how often it is received must be entered in correct category. (<i>If you work less than 12 months per year, please use your annual income.</i>) Ex: \$100.00 per month, \$100.00 per twice a month, \$100.00 per every two weeks, \$100.00 per week.					
	No Income (Box must be checked If there is no income)	Work Earnings before deductions (GROSS INCOME)	(Circle One) Welfare, Alimony, Child Support	(Circle One) Pensions, Retirement Social Security, Disability	(Circle One) Unemployment, Workman's Comp	All other income
(Example) Jane Smith	<input type="checkbox"/>	Example: \$150.00 per week	Example \$150.00 per week	Example \$150.00 per week	Example \$150.00 per week	Example \$150.00 per week
	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
	<input type="checkbox"/>	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

Part 5. Children's racial and ethnic identities - Mark one or more (optional)
 Asian Black or African American American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander Other

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

FOR OFFICE/SCHOOL USE ONLY:
**Annual Income Conversion: Weekly X 52, Every 2 weeks X 26,
 Twice a Month X 24, Monthly X 12**

Part 6. 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 on the attached instruction 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 if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.**

Monthly income: _____ Household size: _____
 FS/TANF: _____ Reason: _____
 Eligibility: Free _____ Reduced _____ Denied _____
 Temporary: Free _____ Reduced _____ Until _____
 Determining Official Initials _____ Date _____
 Confirming Official Initials _____ Date _____
 Follow-up Official Initials _____ Date _____

Sign Here: X _____ Address: _____ City: _____
 State: _____ Zip: _____ Home phone: _____ Work phone: _____ Date: _____