

## Caldwell County Schools 2007-2008 Family Application for Meal Benefits

Please print clearly and neatly using **ONE CAPITAL LETTER** per block. Use **BLACK INK**.

**1 Student Information** List ALL students who attend a Caldwell County School. If this application is for a foster child who is the legal responsibility of a welfare agency or court, (X) here  . Foster Children must be listed individually on **SEPARATE APPLICATIONS**.

If applicable, please enter student gross income with cents and how often it is received. In the income frequency box enter [ M ] for Monthly, [ T ] for Twice a month, [ E ] for Every other week and [ W ] for weekly.

	First Name	MI	Last Name	Social Security Number (Optional)	Work First \ Food Stamp Case #	Grade	School Initials	Check if NO Income	Child's Income	Cents	Income Frequency	(Office Use)
(1)	SARAH		SMITH	123456789		6	WLMS	<input checked="" type="checkbox"/>	\$			
(2)								<input type="checkbox"/>	\$			
(3)								<input type="checkbox"/>	\$			
(4)								<input type="checkbox"/>	\$			
(5)								<input type="checkbox"/>	\$			
(6)								<input type="checkbox"/>	\$			

**2 Household Members** List the names of all Household Members excluding Students listed above. Please enter Gross Income and how often it is received. In the Income Frequency box enter [M] for Monthly, [T] for Twice a month, [E] for Every other week, [W] for Weekly. INCOME EXAMPLE: \$1200.99 Monthly **1200 99 M** \$600.25 Twice a month **600 25 T** \$554.00 Every other week **554 00 E** \$325.75 Weekly **325 75 W**

	First Name	Last Name	Check if NO Income	Earnings from Work before deductions	Cents	Income Frequency	Welfare, Child Support, Alimony	Cents	Income Frequency	Pensions, Retirement Social Security	Cents	Income Frequency	All Other Income	Cents	Income Frequency
(1)	PARENTONE	SMITH	<input type="checkbox"/>	1200	00	M									
(2)	PARENTTWO	SMITH	<input checked="" type="checkbox"/>												
(3)	BABY	SMITH	<input checked="" type="checkbox"/>												
(4)			<input type="checkbox"/>												
(5)			<input type="checkbox"/>												
(6)			<input type="checkbox"/>												

**3 Homeless/Migrant/Runaway**

**4 Waiver of Privacy Act (Optional)**

**5 Race/Ethnic Identity (Optional)**

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator at phone# (828) 728-8407

Homeless     Migrant     Runaway

I give permission for Caldwell County Schools to give my name, address, and whether my child qualifies for free/reduced priced meals to the following programs:

Dental Benefits     Health Care Benefits

Signature: X

**Mark one or more racial identities:**

American Indian or Alaska Native     Asian  
 Black or African American     White  
 Native Hawaiian or Other Pacific Islander     Other

**Mark one ethnic identity:**

Hispanic or Latino  
 Not Hispanic or Latino

**6 Mailing Address**    City    State    Zip Code

123 main st    Lenoir    NC    28645

Area Code    Daytime Phone #

(    )    -   

An adult household member must sign the application. If Part 2 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 attached.) 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.

SIGNATURE: *David S*    DATE: 8/1/07    Signing Adult SSN# 123456789    Check here  if you do not have a Social Security Number.    Office Use