7489496063

# 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) | KAREN | | JONES | 123456789 | | 05 | KC | ☑ | $ | | | |
| (2) | | | | | | | | ☐ | $ | | | |
| (3) | | | | | | | | ☐ | $ | | | |
| (4) | | | | | | | | ☐ | $ | | | |
| (5) | | | | | | | | ☐ | $ | | | |
| (6) | | | | | | | | ☐ | $ | | | |

## 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) | PARENT | ONE | ☐ | $ 800 | 10 | M | $ 100 | 00 | W | $ | | | $ | | |
| (2) | GRANDMA | ONE | ☑ | $ | | | $ | | | $ | | | $ | | |
| (3) | | | ☐ | $ | | | $ | | | $ | | | $ | | |
| (4) | | | ☐ | $ | | | $ | | | $ | | | $ | | |
| (5) | | | ☐ | $ | | | $ | | | $ | | | $ | | |
| (6) | | | ☐ | $ | | | $ | | | $ | | | $ | | |

## 3 Homeless/Migrant/Runaway

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

## 4 Waiver of Privacy Act (Optional)

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_____

## 5 Race/Ethnic Identity (Optional)

**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:** 123 main St

**City:** Lenoir **State:** NC **Zip Code:** 28645

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.

**Area Code** ( ) **Daytime Phone #** -

**SIGNATURE:** _____ **DATE:** 8/1/07 **Signing Adult SSN#** 123 45 6789

Check here ☐ if you do not have a Social Security Number.

**Office Use**