

2019-2020 Durham Public Schools Free and Reduced Price School Meals Household Application 1817 Hamlin Road, Durham, NC 27704 / 919-560-2370

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

1 Student Information

List ALL students who attend a Durham Public School. If the child you are applying for is Foster, Homeless, Migrant, Runaway or Head Start, mark the appropriate box ([F] Foster, [H] Homeless, [M] Migrant, [R] Runaway). If your student is Homeless, Migrant or Runaway, please call the Homeless Liaison/Migrant Coordinator at (919) 560-3927. If applicable, please enter student gross income and how often it is received. In the income frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week and [W] for weekly. For examples see section 3.

	First Name	MI	Last Name	Foster, Migrant, Runaway, Homeless	Student Number	School Name	Grade	Student Earnings from Work Before Deductions	Income Frequency	Social Security & Other Income Before Deductions	Income Frequency
(1)								\$		\$	
(2)								\$		\$	
(3)								\$		\$	
(4)								\$		\$	
(5)								\$		\$	
(6)								\$		\$	

2 Benefits

If any member of your household (including you) currently participates in one or more of the following assistance programs: Food and Nutrition Services (FNS), FDPIR or TANF/ Work First, Cash Assistance please mark the appropriate box below and provide the case # for the person who receives benefits. **IF NO ONE RECEIVES THESE BENEFITS SKIP TO PART 3.**

Food and Nutrition Services (FNS)

FDPIR

TANF/Work First

Case Number: (Not EBT Card #)

3 Household Income (Before Deductions)

List all household members excluding any students listed above in Part 1. Please enter Gross Income (amount before deductions) and how often it is received. Please insert a "0" to indicate NO INCOME where applicable. If they income field is left blank it certifies there is no income to report. In the Income Frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week, [W] for Weekly.

EXAMPLE: \$9500 Annually **9****5****0****0****A** or \$1200 Monthly **1****2****0****0****M** or \$600 Twice a month **6****0****0****T** or \$554.00 Every other week **5****5****4****E** or \$325.75 Weekly **3****2****5****W**

	First Name (Signing Adult)	Last Name (Signing Adult)	Earnings from Work Before Deductions	Income Frequency	Welfare, Child Support, Alimony	Income Frequency	Pensions, Retirement, Social Security	Income Frequency	All Other Income	Income Frequency
(1)			\$		\$		\$		\$	
(2)	First Name (Other Members)	Last Name (Other Members)	\$		\$		\$		\$	
(3)			\$		\$		\$		\$	
(4)			\$		\$		\$		\$	
(5)			\$		\$		\$		\$	
(6)			\$		\$		\$		\$	

4 Ethnic/Racial Identities (Optional)

Choose one ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

Asian

White

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

5 An adult household Member must sign the application. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted under State and Federal Laws."

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Area Code: (____) Phone Number: _____

SIGNATURE: _____ **Printed Name:** _____ **SIGNING ADULT SSN#** _____ **Check here if you do not have a Social Security Number.**

Email Address: _____ **Date:** _____ **(only last four digits required)** _____

Household Size (Office Use Only) _____