

2018-2019 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 (843) 860-5891

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

*** **Online Option - If you prefer, you can apply online at 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 Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program 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.

NON-DISCRIMINATION STATEMENT: "USDA is an equal opportunity provider and employer."

Instructions:

- If you receive SNAP (Food Stamps) or TANF, complete Parts 1, 2 and 5 (a social security number is not necessary).
- If you **DO NOT** receive SNAP (applying based on income), complete Parts 1, 4 and 5.
- If you have a Foster Child:
 If all children in the household are foster children, complete Part 1 (check the box indicating each child is a foster child) and Part 5 (a social security number is not necessary).
 If only some of the children in the household are foster children, complete Part 1 (check the box if the child is a foster child), Part 4 and Part 5.
- If the student is head start, homeless, migrant or runaway, complete Parts 1, 3, 4 and 5.

Please provide all required information and print clearly.
Incomplete applications will be returned.

Part 1 – CHILDREN IN CHARLESTON COUNTY SCHOOL DISTRICT: List all children on the same application. Complete only one application per household. **DO NOT LIST STUDENTS AT CEP SCHOOL(S) IN PART 1.** List ALL household members including students at CEP and NON-CEP schools in PART 4.

First Middle Initial Last (Write name as it appears on Birth Certificate)	School	Grade	Check if a foster child (legal Responsibility of welfare agency or court)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Part 2 - IF YOU RECEIVE SNAP (formerly Food Stamps) OR TANF, COMPLETE THIS PART: If any member of your household receives SNAP or TANF, provide the name and case number for the person who receives benefits:
 Name: _____ Case #: _____ **(DO NOT PUT YOUR EBT NUMBER)**
 If you do not know your Case Number, call your Caseworker or the DSS office at 953-9400. **Go to Part 5 (on the back)**

Part 3 – PLACE A CHECK IN THE BOX BELOW IF A CHILD IS HOMELESS, MIGRANT, RUNAWAY, OR HEAD START (Call Sonya Jones Homeless/Migrant/Runaway Coordinator at 843-937-6519, if you selected Homeless, Migrant or Runaway).
 Homeless Migrant Runaway Head Start **Go to Part 4 (on the back)**

Part 4 : IF YOU DO NOT RECEIVE SNAP, 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, ALL students at ANY school, 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 Workers' 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? _____ List each person's name below. (Skip this part if you put your SNAP Case Number in Part 2)	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					
	Column 1 Earnings from work before deductions (Not take home pay)	Column 2 Welfare, Child Support, Alimony	Column 3 Pensions, Retirement, Social Security, SSI, Disability Benefits	Column 4 Unemployment, Workers Comp	Column 5 Other Income	Check if No Income
	Amount How Often?	Amount / How Often?	Amount How Often?	Amount How Often?	Amount How Often?	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
Attach another sheet of paper if you need to			Go to Part 5			

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 the last four digits of 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 Medicaid Verification. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand that my child's eligibility status may be shared as allowed by law.*

Sign Here: _____ Date: _____ Home Phone: (____) _____
 Print Name Here: _____ Cell Phone: (____) _____
 Signer's Social Security Number: X X X - X X - _____ **OR** I do not have a Social Security Number
 Street _____ Apt/Lot #: _____ City: _____ Zip: _____
 Email Address: _____

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