

PARENT FREE/REDUCED APPLICATION PACKET

**THIS PACKET INCLUDES THE FOLLOWING INFORMATION TO
HELP YOU SUCCESSFULLY COMPLETE
AND SUBMIT YOUR SNP APPLICATION.**

- INTRO LETTER AND FQA'S (2 PAGES)**
 - DOCUMENT VERIFICATION INSTRUCTIONS (2 PAGES)**
 - INSTRUCTIONS ON HOW TO COMPLETE THE
APPLICATION FORM (2 PAGES)**
 - THE APPLICATION FORM (2 PAGES)**
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**COMPLERE THE APPLICATION FORM
AND SUBMIT IT ALONG WITH THE REQUIRED DOCUMENTS**

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS AND APPLICATION

Dear Parent/Guardian:

For 2023/2024 School Year

Children need healthy meals to learn. **Jackson Day School** offers healthy meals for lunch every school day. In 2023/2024, lunch costs **\$4.00 or \$4.35**. **Your children may qualify for free meals or for reduced price meals**. Reduced price for lunch is **\$0.40**. This packet includes an application for free or reduced price meal benefits with instructions on the application. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Food and Nutrition Services (FNS, formerly known as Food Stamps)**, the **Food Distribution Program on Indian Reservations (FDPIR)** or **Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF)**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Federally-funded Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART					
Effective For School Year July 1, 2023 - June 30, 2024					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person	9,509	793	397	366	183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Jackson Day School** at 704-391-5516 or cafeteria@jacksonday.org.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? **No.** Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Jackson Day School, 1209 Little Rock Rd, Charlotte, NC 28214** Attn: **School Nutrition Program**, 704-391-5516 or cafeteria@jacksonday.org.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Jackson Day School** at 704-391-5516 or cafeteria@jacksonday.org immediately.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
6. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
7. WILL THE INFORMATION I GIVE BE CHECKED? **Yes.** We may also ask you to send written proof of the household income you report. **With the application**, you must submit the documents listed on the following page about checking your application.

8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Jackson Day School** at 704-391-5516 or cafeteria@jacksonday.org. Attention School Nutrition Program or Dean of Operations.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Food and Nutrition Services (FNS, formerly Food Stamps)** or other assistance benefits, contact your local assistance office or call **The Careline at 1-800-662-7030**.
16. If you have other questions or need help, call **Jackson Day School** at 704-391-5516 or cafeteria@jacksonday.org.

Sincerely,

The Jackson Day School – School Nutrition Program Staff

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

WE MUST CHECK YOUR APPLICATION

You must send the information we need, or contact **Jackson Day School Nutrition Staff** within **1 week of submitting your application or notification**, or your children will stop getting free or reduced price meals.

School: Jackson Day School

Date: 23/24

Dear Parent/Gaurdian:

We are checking your Free and Reduced Price School Meals Application. Federal rules require that we do this to make sure only eligible children get free or reduced price meals. **You must send us information** to prove that **the children listed on your application are** eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

1. IF YOU WERE RECEIVING BENEFITS FROM **Food and Nutrition Services, Formerly The Food Stamp Program, OR Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF)** WHEN YOU APPLIED FOR FREE OR REDUCED PRICE MEALS, OR AT ANY TIME SINCE THEN, SEND US A COPY OF ONE OF THESE:

- **Food and Nutrition Services, Formerly The Food Stamp Program** or Work First Cash Assistance (**formerly Temporary Assistance for Needy Families or TANF**) Certification Notice that shows dates of certification.
- Letter from **Food and Nutrition Services, Formerly The Food Stamp Program** or Work First Cash Assistance/**TANF** office that shows dates of certification.
- Do not send your EBT card.

2. IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, OR RUNAWAY CHILD, PLEASE CONTACT **Jackson Day School** at 704-391-5516 or cafeteria@jacksonday.org FOR HELP.

3. IF THE CHILD IS A FOSTER CHILD:

Provide written documentation that verifies the child is the legal responsibility of the agency or court or provide the name and contact information for a person at the agency or court who can verify that the child is a foster child.

4. IF NO ONE IN YOUR HOUSEHOLD RECEIVES **Food and Nutrition Services (FNS, formerly the Food Stamp Program) or Work First Cash Assistance (formerly TANF) or FDPIR benefits:**

Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received.

Send information to: **Jackson Day School Attn.: School Nutrition Program Staff**
1209 Little Rock Rd, Charlotte, NC 28214 or cafeteria@jacksonday.org

Acceptable papers include:

JOBS: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often you are paid; or, if you work for yourself, business or farming papers, such as ledger or tax books.

SOCIAL SECURITY, PENSIONS, OR RETIREMENT: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

UNEMPLOYMENT, DISABILITY, OR WORKER'S COMP: Notice of eligibility from State employment security office, check stub, or letter from the Worker's Compensation's office.

WELFARE PAYMENTS: Benefit letter from the Work First Cash Assistance (formerly **TANF**) office.

CHILD SUPPORT OR ALIMONY: Court decree, agreement, or copies of checks received.

OTHER INCOME (SUCH AS RENTAL INCOME): Information that shows the amount of income received, how often it is received, and the date received.

NO INCOME: A brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

MILITARY HOUSING PRIVATIZATION INITIATIVE: Letter or rental contract showing that your housing is part of the Military Privatized Housing Initiative.

TIMEFRAME OF ACCEPTABLE INCOME DOCUMENTATION: Please submit proof of one month's income; you could use the month prior to application, the month you applied, or any month after that.

If you have questions or need help, please call **Jackson Day School** at **704-391-5516**. **You may also e-mail us at cafeteria@jacksonday.org.**

Sincerely,

The Jackson Day School – School Nutrition Program Staff

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. 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.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

**The next 2 pages are instructions on completing the FORM
The 2 pages after that are the FORM to complete**

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Jackson Day School. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Jackson Day School at 704-391-5516.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP A: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
<p>Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children age 18 or under AND are supported with the household's income; <input type="checkbox"/> In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; <input type="checkbox"/> Students attending Jackson Day School, <u>regardless of age.</u> 			
<p>1) List each child's name. Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. Is the child a student at Jackson Day School? Circle "S" for Student and "O" for Other children that are not students to indicate the child's role in the household.</p>	<p>2) For each student in the household, enter the name of the school and the student's current grade.</p>	<p>3) If applicable, please circle if a Child/Student is Homeless (H), Migrant (M), Runaway (R) or Foster (F) Foster children who live with you may count as members of your household and should be listed on your application.</p>	<p>4) Report all income earned or received by children. Report the combined gross income for ALL children listed in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.</p> <p><i>What is Child Income?</i> Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.</p>
STEP B: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN FNS, Work First Cash Assistance/TANF, OR FDPIR?			
<p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Food and Nutrition Services (FNS formerly Food Stamps). <input type="checkbox"/> Work First Cash Assistance (formerly Temporary Assistance for Needy Families or TANF). <input type="checkbox"/> The Food Distribution Program on Indian Reservations (FDPIR). 			
<p>1) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leave STEP B blank and go to STEP C. 	<p>2) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Write a case number for FNS, Work First Cash Assistance/TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact the appropriate state or local agency to get the information. <input type="checkbox"/> Go to STEP E. 		
STEP C: REPORT INCOME FOR ALL ADULT HOUSEHOLD MEMBERS			
<p>How do I report my income?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use the charts titled "<u>Sources of Income for Adults</u>" and "<u>Sources of Income for Children</u>," printed on the back side of the application form to determine if your household has income to report. <input type="checkbox"/> Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. 			

- Gross income is the total income received before taxes
- Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Circle how often each type of income is received using the frequency to the right of each field.

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP A**.

<p>1) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” <u>Do not list any household members you listed in STEP A.</u></p>	<p>2) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>3) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.</p>	<p>4) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.</p>
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STEP D: REPORT HOUSEHOLD TOTAL AND SOCIAL SECURITY NUMBER

1) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP A** and **STEP C**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

STEP E: ATTESTATION - CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

<p>1) Provide your contact information. Write your current address on the line provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or <u>reduced price</u> school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>2) Print and sign your name. Print the name of the adult signing the application and that person signs in the box “Head of Household Signature.”</p>
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STEP F: CHILDREN’S ETHNIC AND RACIAL IDENTITIES (Optional) Share children’s racial and ethnic identities. We ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals.

2023-24 Jackson Day School Free and Reduced Price School Meals Household Application (Complete one application per household. Please use a pen.)
 Please return to: 1209 Little Rock Rd, Charlotte, NC 28214 704-391-5516 *see instructions on the reverse page

A. CHILDREN and STUDENT Household Members		B. Assistance Programs						
1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12.	If applicable, for each STUDENT in the household please ENTER the Name of the School where the student is currently enrolled and their current Grade.	If applicable, please CIRCLE if a CHILD/STUDENT is: Homeless Migrant Runaway Foster	CHILD/STUDENT INCOME Earnings from Work ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)	NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (or reverse side) of this application.	CHILD/STUDENT INCOME from ALL OTHER SOURCES	CIRCLE Frequency	Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, WorkFirst/TANF, or FDIR? <input type="checkbox"/> NO <input type="checkbox"/> YES	
							GROSS Income	CIRCLE Frequency
2) CIRCLE "s" for STUDENT or "o" for Other children that are not students to indicate the child's role in the household.	Circle One:	School Name	Grade					
First MI Last	S O			Weekly Bi-Weekly Monthly Bi-Monthly	Weekly Bi-Weekly Monthly Bi-Monthly			
	S O			Weekly Bi-Weekly Monthly Bi-Monthly	Weekly Bi-Weekly Monthly Bi-Monthly			
	S O			Weekly Bi-Weekly Monthly Bi-Monthly	Weekly Bi-Weekly Monthly Bi-Monthly			
	S O			Weekly Bi-Weekly Monthly Bi-Monthly	Weekly Bi-Weekly Monthly Bi-Monthly			
	S O			Weekly Bi-Weekly Monthly Bi-Monthly	Weekly Bi-Weekly Monthly Bi-Monthly			

C. ADULT Household Members

1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of GROSS income received. Please INSERT a "0" to indicate NO INCOME where applicable. If an income field is left blank it certifies there is no income to report. (2) USE whole dollar amounts only (no cents) (ex. \$1000). NOTE: For more information on "Sources of Income for ADULTS" and Income Frequency chart on page 2 (or reverse side) of this application.

Head of Household Other Adult Other Adult Other Adult Other Adult	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency	D. Household Total and Social Security Number (SSN)	
							ENTER Total Number of Household Members (Children and Adults) HERE	ENTER LAST FOUR DIGITS OF SSN HERE (Head of Household or Primary Wage Earner ONLY)
	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly	<input type="checkbox"/> I do not have a Social Security Number	
	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly		
	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly		
	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly		
	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly	\$	Weekly Bi-Weekly Monthly Bi-Monthly		

E. Attestation: 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."

Head of Household Signature: _____ Today's Date: _____ Email: _____

Printed Name: _____ Contact Number: _____ City: _____ State: _____ Zip Code: _____

F. Child(ren)'s Ethnic and Racial Identities (Optional)

SELECT one ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino

SELECT one or more (regardless of ethnicity):
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

For Office Use Only

Total Household Members: _____ Total Household Income: _____ per: _____

Income Conversion
 NOTE: If there are multiple income sources with more than one frequency, the SFA must annualize all income by multiplying:
 Weekly (x52) Biweekly (x26) Monthly (x12) Bimonthly (x24) Annually

Eligibility Determination:
 Categorical Eligibility Free Reduced Denied

Reason for Denial of Eligibility: _____

Determining Official's Signature & Date _____
 Confirming Official's Signature & Date _____
 Verifying Official's Signature & Date _____

Sources of Income

Sources of Income for CHILDREN/STUDENTS	
Sources of Income	Examples
<ul style="list-style-type: none"> Earnings from work 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
<ul style="list-style-type: none"> Social Security -Disability Payments -Survivor's Benefits 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired or deceased and their child receives Social Security benefits
<ul style="list-style-type: none"> Income from any other source 	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity or trust

Sources of Income for ADULTS		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>if you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (does NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash Assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

Income Frequency

Weekly = Once per week Bi-Weekly = Every two (2) weeks
 Monthly = Once per month Bi-Monthly = Twice per month
 Annually = Total salary per year

Please Drop off or Mail this application to: **JACKSON DAY SCHOOL**
1209 LITTLE ROCK ROAD
CHARLOTTE, NC 28214
ATTN: SCHOOL NUTRITION PROGRAM

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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.

USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. **fax:**
 (833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider