

# CHARLOTTE COUNTY PUBLIC SCHOOLS FREE AND REDUCED-PRICE MEAL APPLICATION 2018-2019

PART 1. NAMES OF CHILDREN IN <u>CHARLOTTE COUNTY SCHOOLS ONLY</u> . USE BLACK OR BLUE INK ONLY!								<input checked="" type="checkbox"/>
Last Name	First Name	SCHOOL	BIRTHDATE	FOSTER CHILD	HOMELESS	MIGRANT	RUNAWAY	NO INCOME
1.								
2.								
3.								
4.								
5.								

**PART 2.** IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FLORIDA SNAP, FDIPIR OR FLORIDA TANF ASSISTANCE, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, COMPLETE PARTS 3 AND 4. ***A case number is NOT your card number - a case number starts with a "1".***

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**WIC - CHILDREN IN HOUSEHOLDS PARTICIPATING IN WIC MAY BE ELIGIBLE FOR FREE OR REDUCED-PRICE MEALS.**

Children in households participating in WIC **MAY** be eligible for free or reduced price meals.

**PART 3.** TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). LIST ALL INCOME ON THE SAME LINE AS THE PERSON WHO RECEIVES IT. CHECK THE BOX FOR HOW OFTEN INCOME IS RECEIVED. (How often do you get a paycheck and what is the **GROSS** income?) RECORD EACH INCOME ONLY ONCE.

<b>IMPORTANT - LIST THE NAMES OF ALL OTHER HOUSEHOLD MEMBERS; INCLUDE YOUNGER AND OLDER SIBLINGS, GRANDPARENTS, OTHER RELATIVES, AND NON RELATIVES IN THE HOUSE. FAILURE TO LIST ALL HOUSEHOLD MEMBERS MAY CAUSE A DELAY IN THE PROCESSING OF YOUR APPLICATION.</b>	GROSS INCOME (BEFORE TAXES) AND HOW OFTEN IT IS RECEIVED												Check here if no income <input checked="" type="checkbox"/>							
	Earnings from work BEFORE DEDUCTIONS - This is <b>not</b> take home pay.	Weekly	Every 2 weeks	Twice monthly	Monthly	Welfare, child support, alimony received - <b>do not list what you pay out.</b>	Weekly	Every 2 weeks	Twice monthly	Monthly	Social Security, SSI, VA, Pensions, Retirement Benefits, etc.	Weekly	Every 2 weeks	Twice monthly	Monthly	Income such as Unemployment benefits	Weekly	Every 2 weeks	Twice monthly	Monthly
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				

TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSE: ADD PART 1. AND PART 3. - HOW MANY PEOPLE? \_\_\_\_\_

**PART 4.** SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 3 is complete, the adult signing the form also must list the last four digits of his/her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

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. I understand my child's eligibility may be shared as allowed by law.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number - \_\_\_\_\_ I do not have a Social Security Number

The information contained within this application may be shared with Florida Kid Care and other Federal/Local health programs for which your child (ren) may qualify, however your permission is required. This will not affect your eligibility for school meals. May school officials share the information within this application with other programs?  Yes  No

**FOOD SERVICE OFFICE USE ONLY** Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice Monthly x 24, Monthly x 12

Total Income: \_\_\_\_\_ House Size: \_\_\_\_\_ Per: \_\_\_\_\_ Week; \_\_\_\_\_ Every 2 Weeks; \_\_\_\_\_ Twice Monthly; \_\_\_\_\_ Monthly; \_\_\_\_\_ Yearly

Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Official: \_\_\_\_\_ Date: \_\_\_\_\_ Eligibility **FREE** **REDUCED-PRICE** **DENIED**

PLEASE COMPLETE ONLY ONE APPLICATION PER FAMILY!  
IF YOU DON'T QUALIFY NOW, YOU MAY RE-APPLY AT ANY TIME.

If you have any questions, please call (941) 575-5400 x 109  
Apply online: [champs.yourcharlotteschools.net](http://champs.yourcharlotteschools.net)

Champ's Café  
1016 Education Ave.  
Punta Gorda, FL 33950

