

**2022-23 Hickory Public Schools Free and Reduced Price School Meals Household Application** 432 4th Ave SW, Hickory, NC, 28602 / (828) 322-2855  
 (Complete one application per household. Please use a pen.)

A. CHILDREN and STUDENT Household Members				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:  H = Homeless M = Migrant R = Runaway F = Foster	<b>NOTE:</b> For more information on types of income see the "Sources of Income for CHILDREN/STUDENTS" chart on page 1 of this booklet						B. Assistance Programs
1) LIST the names of ALL INFANTS, CHILDREN and STUDENTS in the household up to and including grade 12. 2) CIRCLE "S" for STUDENT or "O" for Other children that are not students to indicate the child's role in the household.													Do any Household members (including you) currently participate in one or more of the following assistance programs: FNS, Work First Cash Assistance/TANF or FDIPIR?  <input type="checkbox"/> NO <input type="checkbox"/> YES  If "YES" please provide a case number (only one) <b>CASE NUMBER:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> then SKIP to SECTION E
First Name	MI	Last Name	Circle One: S O	School Name	Grade	Circle One: H M R F	CHILD/STUDENT INCOME Earnings from Work			CHILD/STUDENT INCOME from ALL OTHER Sources			
							ENTER total GROSS income amount (before deductions) in whole dollars only. (\$000)						
							GROSS Income	CIRCLE Frequency		Income	CIRCLE Frequency		
							\$	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	
							\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	

C. ADULT Household Members				D. Household Total and Social Security Number (SSN)											
LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.				1) For EACH ADULT household member (including yourself) ENTER ALL types and amounts of 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 types of income see the "Sources of Income for ADULTS" chart on page 2 or the reverse side of this application.											
First Name (Head of Household)	Last Name (Head of Household)	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency	ENTER Total Number of Household Members (Children and Adults) HERE							
		\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	\$	Weekly Bi-Weekly	Monthly Bi-Monthly	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					

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

<b>FOR OFFICE USE ONLY</b>	Total Household Members:		Eligibility Determination: <input type="checkbox"/> Categorical Eligibility <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied	Determining Official's Signature & Date:								
	Total Household Income:			Confirming Official's Signature & Date:								
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually			Reason for Denial of Eligibility:		Verifying Official's Signature & Date:						

F. Child(ren)'s Ethnic and Racial Identities (Optional)
<b>SELECT one ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>SELECT one or more (regardless of ethnicity):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White