

**CHARLOTTE COUNTY PUBLIC SCHOOLS APPLICATION FOR FREE AND REDUCED PRICE BREAKFAST AND LUNCH 2013-2014**

Please complete parts 1, 2, 3 and 4. Please use **BLACK** or **BLUE** ink only.

Part 1. **LEGAL NAME** (name on birth certificate) OF **CHARLOTTE CO. SCHOOL CHILDREN ONLY**

Check  if additional listing is attached

**Do not use nicknames.**

STUDENT LAST NAME	STUDENT FIRST NAME	Birthday ex. 1/1/00	School Name	Grade	Student Income	Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly	Check If Foster Child	Check if No Income
1.					\$	Check One						
2.					\$	Check One						
3.					\$	Check One						
4.					\$	Check One						
5.					\$	Check One						

**WIC** - Children in households participating in WIC **MAY** be eligible for free or reduced meals. Foster children will receive free benefits regardless of the child's personal use income or the income of the household. If **any** child listed is a foster child, please check the box to the left. **Complete Parts 2, 3 and 4.** If you are  **HOMELESS**  **MIGRANT**  **RUNAWAY CHILD** or  **UNACCOMPANIED YOUTH** (a child not living with a legal guardian): PLEASE CALL (941) 255-7480.

Part 2. If any household member receives Florida SNAP (Food Stamps), FDPIR or Florida TANF Cash Assistance, provide the name and **case** number (this is a 10 digit number, starting with a "1", it is **NOT** the number on your card). Name \_\_\_\_\_ → 10 digit **CASE** number \_\_\_\_\_

Part 3. NAMES OF ALL OTHER PEOPLE IN THE HOUSE **Related or Not**. This includes yourself, grandparents, siblings, etc. Check  if additional listing is attached.

**Failure to list ALL members of the household and their income could DELAY the processing of your meal application.**

**INCOME INFORMATION - MUST BE COMPLETED PLEASE CHECK HOW OFTEN INCOME IS RECEIVED.**  
Weekly is once a week, Every 2 wks is every other week, Twice/Mon is 2 times a month (like on the 15th & 30th), Monthly is each month.  
**\*\*Only seasonal, migrant, or self-employed families can report yearly income.**

	Job Income before taxes Not what you bring home	Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly	Welfare, Child Support, Alimony	Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly	Pensions, Retirement Social Security	Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly	All Other Income	Weekly	Every 2 wks	Twice/Mon	Monthly	**Yearly	Check No Income
1.	\$	Check One					\$	Check One					\$	Check One					\$	Check One					
2.	\$	Check One					\$	Check One					\$	Check One					\$	Check One					
3.	\$	Check One					\$	Check One					\$	Check One					\$	Check One					
4.	\$	Check One					\$	Check One					\$	Check One					\$	Check One					
5.	\$	Check One					\$	Check One					\$	Check One					\$	Check One					

**TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD: ADD PARTS 1 AND 3 - HOW MANY PEOPLE ARE LISTED?**

Please return your completed application to your child's school OR mail to: Champ's Café 1016 Education Ave. Punta Gorda, FL 33950 OR apply online at [champs.yourcharlotteschools.net](http://champs.yourcharlotteschools.net)

Part 4. SIGNATURE: An adult household member must sign the application. If income section is completed, the adult signing the form must provide the **last four digits** of his/her Social Security Number OR mark the "I do not have a Social Security Number" box. (See Privacy Act 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.

Signature of Adult \_\_\_\_\_ Printed Name \_\_\_\_\_ Last 4 digits of your Social Security # \_\_\_\_\_

Postal Mailing Address \_\_\_\_\_ Apt.# \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_  I do not have a Social Security # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Date Signed \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**  
**Food Service Office Use Only**  
Total Income \_\_\_\_\_  
Household Size \_\_\_\_\_

Yearly Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice/Month x 24; Monthly x 12  
Per  Week  Every Other Week  Twice/Month  Month  Year  
Categorical Eligibility:  Free  Reduced  Denied

Determining Official \_\_\_\_\_ Date \_\_\_\_\_  
Follow-up Official \_\_\_\_\_ Date \_\_\_\_\_

Confirming Official \_\_\_\_\_ Date \_\_\_\_\_  
 PLEASE COMPLETE ONLY ONE APPLICATION PER FAMILY!

HOUSE NUMBER					
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IF YOU DON'T QUALIFY NOW, AND YOUR SITUATION CHANGES, PLEASE RE-APPLY AT ANYTIME THROUGHOUT THE SCHOOL YEAR, EITHER ONLINE OR ON PAPER.

For questions, call (941) 575-5400 ext. 109

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 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 are NOT required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Children 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 the law enforcement officials to help them look into violations of program rules.

"The disclosure of the last four digits of the social security number is voluntary; however, the last four digits, or an indication of "none," is required for approval of the application. The last four digits of the social security number are required under provisions of the Richard B. Russell National School Lunch Act (NSLA)."

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

"The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

USDA is an equal opportunity provider and employer."

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
- Hispanic or Latino       Not Hispanic or Latino

**Notes:**