

## INSTRUCTIONS FOR APPLYING

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP OR TANF FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all children that are students of Effingham County Schools, the school they attend and their grade.  
**Part 2:** List the name and case number for any household member (including adults) receiving SNAP or TANF benefits. Please circle which benefits the case number is for.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. A Social Security Number is not necessary.  
**Part 6:** Answer this question if you choose to.

### IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY, FOLLOW THESE INSTRUCTIONS:

- Check the appropriate box in **PART 3**. Must be verified by Jackie Brown at 912-754-6404 Ext. 1263.  
**Complete all other areas of the application**  
**Part 6:** Answer this question if you choose to.

### IF YOU ARE APPLYING FOR FOSTER CHILDREN, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all children that are students of Effingham County Schools, the school they attend, their grade and any income that they receive. If no income, please put '0'. If left blank we will assume there is no income. Check the Foster Child box for any Foster children. If **ALL** students are Foster children skip to Part 5. Otherwise complete Parts 2, 3 and/or 4 if applicable and Part 5.  
**Part 2: Skip this part if ALL students listed are Foster children.** If all students are **not** Foster children and someone in the household receives benefits complete this part.  
**Part 3: Skip this part if ALL students listed are Foster children.** If all students are **not** Foster children and any child you are applying for is homeless, migrant or runaway check the appropriate box and call 912-754-6404 Ext. 1263 to determine if you meet the qualifications.  
**Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.  
**Part 5:** Sign the form.  
**Part 6:** Answer this question if you choose to.

### ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all children that are students of Effingham County Schools, the school they attend, their grade and any income that they receive. If no income, write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Follow these instructions to report total household income from this month or last month.  
**Box 1—Name:** List all adults and other children in the household that do not attend Effingham County Schools.  
**Box 2—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month and circle the frequency that it is received—weekly, every 2 weeks, twice a month or monthly. Report income in whole dollars. For earnings, be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and *All Other Income* sources. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, TANF, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. If no income, write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have knowledge of or available information that your household income was reported incorrectly, your application will be verified for cause.  
**Box 3—** Enter total number of household members listed in Part 1 and part 4. (All adults and children)  
**Box 4—** Give last 4 digits of the social security number of the primary wage earner or other adult household member (or mark the box if she/he doesn't have one).  
**Part 5:** Adult household member must sign the form  
**Part 6:** Answer if you choose.



You may go to School Nutrition at [www.effinghamschools.com](http://www.effinghamschools.com) for links to apply for benefits online and to check your approval status. Please allow up to 10 days for processing

**PART 1. LIST STUDENTS**

IF ALL STUDENTS LISTED ARE FOSTER CHILDREN (legal responsibility of welfare agency or court) Check Box for Foster Child and then **SKIP TO PART 5**

Effingham County School Students (First, Middle Initial, Last) (Example) Jane W. Smith	SCHOOL That the student attends	GRADE	Check if a Foster Child	Student's Gross income (before taxes) indicate how often it is received Please see example of sources of income on back. Enter in whole dollars.
			<input type="checkbox"/>	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____
			<input type="checkbox"/>	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a Month <input type="radio"/> Monthly \$ _____
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			<input type="checkbox"/>	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____

**PART 2. BENEFITS**

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES SNAP or TANF, PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 5. IF NO ONE RECEIVES THESE BENEFITS, COMPLETE PARTS 4 AND 5.

NAME: \_\_\_\_\_ CIRCLE THE PROGRAM NAME SNAP OR TANF CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL JACKIE BROWN 912-754-6404 EXT. 1263**

HOMELESS  MIGRANT  RUNAWAY

**PART 4. LIST ALL OTHER HOUSEHOLD MEMBERS. STUDENTS DO NOT GET LISTED AGAIN**

1. LIST ALL ADULTS & OTHER CHILDREN NOT ATTENDING EFFINGHAM COUNTY SCHOOLS. (including yourself)  even if they do not receive income.	2. GROSS INCOME (BEFORE TAXES & OTHER DEDUCTIONS) AND INDICATE HOW OFTEN IT IS RECEIVED For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report. <b>PLEASE SEE EXAMPLE OF SOURCES OF INCOME ON THE BACK</b>		
	Earnings From Work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits and all other income
	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____
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	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____	<input type="radio"/> Weekly <input type="radio"/> Every 2 weeks <input type="radio"/> Twice a month <input type="radio"/> Monthly \$ _____
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3. TOTAL NUMBER OF HOUSEHOLD MEMBERS (ADULTS & CHILDREN) LISTED IN PART 1 and PART 4 of APPLICATION \_\_\_\_\_

4. Last four digits of Social Security Number of primary wage earner or other adult household member:  
 \*\*\* \_ \*\* \_ \_\_\_\_\_  I do not have a Social Security Number

**PART 5. CONTACT INFORMATION AND ADULT SIGNATURE** 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 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.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email Address: \_\_\_\_\_

**PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL) We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.**

Choose one ethnicity:

- Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian       American Indian or Alaska Native       Black or African American  
 White       Native Hawaiian or other Pacific Islander

**DO NOT FILL OUT THIS PART FOR SCHOOL USE ONLY**

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free Reduced Denied Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sources of Income for Children**

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- 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
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- 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
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- 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	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Eamed interest - Rental income - Regular cash payments from outside household

**OFFICE NOTES:** \_\_\_\_\_

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\_\_\_\_\_

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail:  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410  
 fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
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