

A. CHILDREN and STUDENT Household Members

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.	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	NOTE: For more information on "Sources of Income for CHILDREN/STUDENTS" and Income Frequency see the charts on page 2 (for reverse side) of this application.	CHILD/STUDENT INCOME Earnings from Work	CHILD/STUDENT INCOME from ALL OTHER SOURCES	B. Assistance Programs (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? <input type="checkbox"/> NO <input type="checkbox"/> YES
First Mil Last	Circle One: School Name	Grade	GROSS Income	CIRCLE Frequency	Income	CIRCLE Frequency
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly Bi-Monthly
S O				Weekly Monthly Bi-Weekly Bi-Monthly		Weekly Monthly Bi-Weekly 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 (for reverse side) of this application.

LIST ALL ADULT household members (FIRST and LAST name) even if they do not receive income.	GROSS Income Earnings from WORK	CIRCLE Frequency	Public Assistance/Alimony/Child Support	CIRCLE Frequency	Pensions/Retirement/All Other Income	CIRCLE Frequency
Head of Household	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly
Other Adult	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly	Weekly Monthly Bi-Weekly Bi-Monthly

E. Attestation: An adult household Member must sign the application. I certify (I understand that all information on this application is true and this call 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 gave false information, my children 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: _____ State: _____ Zip Code: _____

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): _____
 I do not have a Social Security Number

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

SELECT one ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

G. Determining Official's Signature & Date

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

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 5th must currently be all income by multiplying: _____
 Weekly (4.57) Bi-weekly (4.55) Monthly (1.22) Bi-monthly (4.24) Annually

Sources of Income for CHILDREN/STUDENTS

Sources of Income	Examples
• 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 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
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) <p><i>If you are in the U.S. Military:</i></p> <ul style="list-style-type: none"> • Basic pay and cash bonuses (do 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 Mail this application to: **Triad Math and Science Academy**
700 Creek Ridge Rd.
Greensboro, NC 27406

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 (FDP/IR) case number or other FDP/IR 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, 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.

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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, 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

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