

Winston-Salem/Forsyth County Schools 2011-2012 Family Application

USE BLACK INK ONLY. PRINT NEATLY. Complete the application and sign.

1 STUDENTS ATTENDING Winston-Salem/Forsyth County Schools COMPLETE ONE APPLICATION PER HOUSEHOLD.

STUDENT ID# Ask the Student	Print first and last name for ALL Students Attending Winston-Salem/Forsyth County Schools			Birth Date M / M / D / D / Y / Y	FOSTER CHILD: Check if the child is considered as a legal responsibility of welfare agency or court Note: If all children listed are foster children, skip to Part 5	2011-2012 GRADE	SCHOOL CODE See back of Application
	First Name	MI	Last Name				

2 **Benefits** - If any member of your household receives Food and Nutrition Services (FNS, formerly known as the Food Stamp program), FDPIR or TANF/Work First, provide the name and case number for the person who receives benefits and SKIP to Part 5. If no one receives these benefits, SKIP to Part 3. Name: _____ Case Number: _____

3 **Homeless, Migrant, Runaway Children** - If the child you are applying for is homeless, migrant, runaway check appropriate box and call: Migrant Contact Mrs. Ortiz (Bilingual Coord.) at (336)748-0000 ext 51514 for additional assistance. Homeless Migrant Runaway

4 LIST EVERYONE IN THE HOUSEHOLD	Column 1 Print First and last name of EVERYONE in the household including the students listed above.	Column 2 Check Box If No Income	Column 3 TOTAL GROSS INCOME (SEE INSTRUCTIONS) (See back of application for instructions on how to report income. Example: \$100.45 per month = \$, 17 twice a month = \$100.45, every other week = E, Three per month = T, Monthly = M)	Earnings from Work before Deductions: Job 1	Earnings from Work before Deductions: Job 2	Child Support/Alimony	Pension/Retirement/Security	Job 2 or Any Other Income

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE

Signature and Last Four Digits of Social Security Number (Adult must sign)
 5 Last four digits of Social Security Number XXX - XX - [] [] [] [] I do not have a Social Security Number

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement attached.)
 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.

ADULT HOUSEHOLD MEMBER MUST SIGN HERE [X] PRINT NAME HERE [X] Today's Date [] [] [] [] [] []

Address _____ City _____ State _____ Zip _____ () _____ () _____ Daytime Phone _____ Home Phone _____

Confidentiality: School officials use the information from the application to determine program eligibility or eligibility for federal and statewide health and education program benefits. You may refuse the release of information or you may give permission to your child's school to release the information to government agencies that provide services to children.
 MEDICAID/SCHIP: [Parent or Guardian please sign the appropriate space] I give permission _____ I do not give permission _____

6 Children's ethnic and racial identities (optional)
 Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino
 Choose one or more (regardless of ethnicity): Asian Black or African-American Native Hawaiian or Other Pacific Islander White American Indian or Alaskan Native

Return to any Cafeteria Manager or mail/bring to the Child Nutrition Office, 2266 Marble St., Winston-Salem, NC 27107

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