

Free Lunch Application

Dear Parents,

To qualify for free lunch you must provide documentation – 2021 Tax Return and/or documentation for food stamp case. All information submitted will be verified.

Total number of household members (including Children and Adults): ______

| Student Name | Grade | Food Stamp Case Number (if any) | WFFA Case Number (if any)* |
|--------------|-------|------------------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |

* Work First Family Assistance

Foster Child (if applicable):

List the student's monthly use income. Write "0" if the child has no person use income. \$_____

HOUSEHOLD MEMBERS AND MONTHLY INCOME:

(If you have supplied a Food Stamp or WFFA case number for the child, you may skip this portion)

| Names of Household members | Gross monthly earnings (before deductions) | | Monthly welfare payments, child support, or alimony | Monthly payments from pensions | Any other monthly income |
|-------------------------------|--|--------|--|--|---------------------------------------|
| | Job #1 | Job #2 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SIGNATURE AND SOCIAL SECURITY NUMBER

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds, and that school officials may verify the information on the application.

| Signature of Adult Household Member | | Date |
|-------------------------------------|----------|------|
| Printed Name | SSNumber | |
| Home # | Work # | |
| Address(street, city, state, ZIP) | | |

CAROLINA CHARTER ACADEMY

Free Lunch Application

The federal income eligibility guidelines for July 1, 2022 through June 30, 2023 are as follows:

FOR APPROVING OFFICIAL ONLY INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS

| Household Size | ANNUAL | | MONTHLY | | TWICE PER MONTH | | EVERY TWO WEEKS | | WEEKLY | |
|-------------------|----------|-----------|---------|---------|--------------------|---------|--------------------|---------|--------|---------|
| | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced | Free | Reduced |
| 1 | 17,667 | 25,142 | 1,473 | 2,096 | 737 | 1,048 | 680 | 967 | 340 | 484 |
| 2 | 23,803 | 33,874 | 1,984 | 2,823 | 992 | 1,412 | 916 | 1,303 | 458 | 652 |
| 3 | 29,939 | 42,606 | 2,495 | 3,551 | 1,248 | 1,776 | 1,152 | 1,639 | 576 | 820 |
| 4 | 36,075 | 51,338 | 3,007 | 4,279 | 1,504 | 2,140 | 1,388 | 1,975 | 694 | 988 |
| 5 | 42,211 | 60,070 | 3,518 | 5,006 | 1,759 | 2,503 | 1,624 | 2,311 | 812 | 1,156 |
| 6 | 48,347 | 68,802 | 4,029 | 5,734 | 2,015 | 2,867 | 1,860 | 2,647 | 930 | 1,324 |
| 7 | 54,483 | 77,534 | 4,541 | 6,462 | 2,271 | 3,231 | 2,096 | 2,983 | 1,048 | 1,492 |
| 8 | 60,619 | 86,266 | 5,052 | 7,189 | 2,526 | 3,595 | 2,332 | 3,318 | 1,166 | 1,659 |
| For each addit | ional ho | usehold m | ember | | | | | | | |
| Add: | 6,136 | 8,732 | 512 | 728 | 256 | 364 | 236 | 336 | 118 | 168 |

Child(ren) in household who are Carolina Charter Academy students (list all):

| Name | Grade |
|------|-------|
| | |
| | |
| | |
| | |

I certify that my household qualifies as economically disadvantaged according to the table above. I understand that this information may be submitted by the school to the North Carolina Department of Public Instruction and may be used to determine how certain state and federal funds are allocated; that school officials may need to verify my claim in case of an audit; and that deliberate misrepresentation of my household size or income may subject me to prosecution under applicable state and federal laws.

Signature of a parent or legal guardian of the student(s) named above:

Printed name of the person who signed this form:

Date _____

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