To determine free/reduced fee eligibility for your child (for mandatory school fees or access to special income-based programs) for your child(ren), please complete a household income form. Return form to: Oceanside Collegiate Academy, 580 Faison Rd., Mt. Pleasant, SC 29466. Registrar: kharshaw@landsharks.org.

***IMPORTANT NOTES: The submission of this form has no impact on receiving school meals. Not submitting this form may prevent you from receiving a fee waiver or getting access to certain income-based programs. Additional information may be required at the discretion of the school.***

Report income for ALL Household Members. Child Income How often?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $ |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Weekly | Bi-Weekly | 2x Month | Monthly |
|  |

1. **Child Income**

Sometimes children in the household earn or receive income.

(Please include the TOTAL income received by all Household members

listed in STEP D here.)

1. **All Adult Household Members (including yourself) \*\* Must be completed.**

List all Household Members NOT listed in STEP D (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) 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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | How often? |  |  | How often? |  |  | How often? |
| Name of ADULT Household Members (First and Last) | Earnings from Work | Weekly | Bi-Weekly | 2x Month | Monthly | Public Assistance/Child Support/Alimony | Weekly | Bi-Weekly | 2x Month | Monthly | Pensions/Retirement/All Other Income | Weekly | Bi-Weekly | 2x Month | Monthly |
|  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  |
|  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  |
|  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  |
|  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  |
|  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  | $ |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Household Members(Children and Adults) |  |  |  | Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member | X | X | X | - | X | X | - |  |  |  |  |  |  Check if no SSN |  |

1. **Do any Household Members (including you) currently participate in one or more of the following assistance programs:** SNAP, TANF, or FDPIR?

 NO YES > If yes, write case number here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s First Name** | **Student’s Last Name** | **Grade Level** | **School Child Attends** | **SNAP/TANF Benefits** | **Medicaid Benefits** | **Foster**  | **Homeless, Migrant, Runaway** | **Head Start** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **List all students in the household.** If any student you are applying for: receives SNAP, TANF, and/or Medicaid benefits; is a foster child; is a homeless, migrant, runaway child; or attends Head Start, check the appropriate box.

**Please sign to certify that all of the above information is accurate:**

“I certify (promise) that all information on this application is true and that all income is reported.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Adult Household Member Completing the Form (printed) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (if available), Apt # City State Zip Code Phone Number

**PARENT/GUARDIAN CHECKLIST**

 Have you included all of your children as household members? Are all adults included?

Is all income recorded in Step B?

 Did you list a SNAP, TANF, and/or Medicaid case number, if applicable?

 Have you signed the form?

|  |
| --- |
| DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY. |
| **Economic Status:** Economically Disadvantaged (meeting income and household guidelines) \_\_\_\_\_\_  Non-Economically Disadvantaged (NOT meeting income and household guidelines) \_\_\_\_\_\_ *I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.*Signature (of school or district staff):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***IMPORTANT NOTES: Federal regulations mandate that all costs associated with distributing, collecting, and reviewing these household income forms must be paid with funds outside of the nonprofit school food service account. School food service personnel are not allowed to be involved in this process unless their labor expenses are paid by an alternative funding source outside of the nonprofit school food service account. All documentation is subject to federal and state audits.*** |