

2024-2025 WAKE COUNTY PUBLIC SCHOOL SYSTEM FREE AND REDUCED MEAL BENEFITS APPLICATION 2024-2025

**MAIL TO: Child Nutrition Services at 1551 Rock Quarry Road Raleigh, NC 27610.**

**Questions? 919-588-3535 \* 919-856-2920 \* cnsmealbenefits@wcpss.net**

**Apply ONLINE [www.MySchoolApps.com](http://www.MySchoolApps.com)**

Instructions – Sources of Income

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
-Salary, wages, cash bonuses -Net income from self-employment (farm or business)  If you are in the US 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 -Earned interest -Rental Income -Regular cash payments from outside household
<b>Weekly=</b> Once per Week <b>Bi-Weekly=</b> Every two (2) weeks <b>Bi-Monthly=</b> Twice per month <b>Monthly=</b> Once per month <b>Annually=</b> Total salary per year		

FEDERAL INCOME CHART					
Effective July 1, 2024, through June 30, 2025					
Household Size	Yearly	Monthly	2x Month	Every Two Wks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
Each additional person:	\$ 9,953	\$830	\$415	\$383	\$192

**INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY MEAL BENEFITS.** Until your application is processed, you will need to provide your child(ren) with money to purchase school meals, Breakfast costs **\$1.75 (K-5), \$2.00 (6-12)**; lunch costs **\$3.50 (K-5), \$3.75 (6-12)**. You will be notified by mail or email when the application has been processed. **PLEASE ALLOW 10 WORKING DAYS FOR ELIGIBILITY DETERMINATION.** A child who is determined eligible for free or reduced-price meals will remain eligible for the entire school year and the first 30 days of the next school year unless a redetermination is made through the verification process.

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov).

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