

## 2021-2022 Free Lunch Program

To apply for Free Lunch, you must complete the Free School Meals Family Application.

In order for the application to be processed, we will need for you to complete the application and provide the required documentation. Please note the **only** approval for Free Lunch is if your family currently receives food stamps. **Please enclose a photo copy of your food stamp card with the Notice of Eligibility from DSS.** Please be sure to include your food stamp card number and case number on the form.

It is important that your child packs or pays for lunch online at [www.k12paymentcenter.com](http://www.k12paymentcenter.com) until you receive a notification of approval for free lunch.

Please complete one form per family and list all siblings that attend Uwharrie Charter Academy.

You may send documentation to:

Email: [christy\\_sands@uwharriecharter.org](mailto:christy_sands@uwharriecharter.org)

Mail: Uwharrie Charter Academy Central Office  
Attn: Christy Sands  
5154 US Hwy 220 Business South  
Asheboro, NC 27205

Or return to your child's school in a sealed envelope with the Attn: Christy Sands, Central Office

Please allow 2 weeks once received at the Central Office for processing.

Students Name

Grade

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## 2021/2022 FREE SCHOOL MEALS FAMILY APPLICATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of sibling(s) attending UCA: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Part 1: TOTAL HOUSEHOLD GROSS INCOME					
Name (List the names of EVERYONE in the household)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, SS, VA benefits	All other income	Check if NO Income
(Example: Jane Smith)	\$200.50 per month	\$100.75 per month	\$100.45 per month	\$ ___/___	<input type="checkbox"/>
	\$ ___per___	\$ ___per___	\$ ___per___	\$ ___per___	<input type="checkbox"/>
	\$ ___per___	\$ ___per___	\$ ___per___	\$ ___per___	<input type="checkbox"/>
	\$ ___per___	\$ ___per___	\$ ___per___	\$ ___per___	<input type="checkbox"/>
	\$ ___per___	\$ ___per___	\$ ___per___	\$ ___per___	<input type="checkbox"/>
	\$ ___per___	\$ ___per___	\$ ___per___	\$ ___per___	<input type="checkbox"/>

**Part 2: BENEFITS**

**Note: The only approval for Free Lunch is if your family currently receives food stamps. Please enclose a photo copy of your food stamp card with the Notice of Eligibility from DSS. Please be sure to include your food stamp card number and case number.**

Name: \_\_\_\_\_ FNS Card #: \_\_\_\_\_ Case #: \_\_\_\_\_

**Part 3: HOMELESS, MIGRANT, RUNAWAY CHILDREN**

Homeless  Migrant  Runaway

**Part 4: SIGNATURE OF PARENT/GUARDIAN, HOME ADDRESS AND PHONE NUMBER**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**OFFICE USE ONLY:**

Approved for free meals  Denied