

# INSTRUCTIONS FOR APPLYING

## A household member is any child or adult living with you.

Questions? 856-2920

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**If your household receives benefits from the Food and Nutrition Services (FNS, formerly known as The Food Stamp Program) FDPIR, or gets TANF/Work First, follow these instructions:**

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- Part 1:** List each WCPSS child's name, NCWISE ID #, school, DOB, and grade
- Part 2:** List the name and case number for any household member receiving FNS, FDPIR and TANF/Work First  
**Note: The EBT CARD number is not acceptable. If you are unsure of your Food and Nutrition Services (FNS, formerly known as the Food Stamp Program) case number, contact your local Department of Social Services to get the number.**
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6:** Please choose a language preference.
- Part 7:** Answer this question, if you choose.

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**If no one in your household receives benefits from the Food and Nutrition Services (FNS, formerly known as The Food Stamp Program), FDPIR, or gets TANF/Work First, and if any child in your household is homeless, a migrant or runaway, follow these instructions:**

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- Part 1:** List child(ren)'s name, NCWISE ID #, DOB, school and grade.
- Part 2:** Skip this part.
- Part 3:** If any child you are applying for is homeless, migrant or a runaway check the appropriate box and call **your school for the homeless/migrant liaison or call 919-850-1600.**
- Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.
- Part 5:** Sign the form. The last four digits of a Social Security Number are not necessary if you didn't need to fill in Part 4.
- Part 6:** Please choose a language preference.
- Part 7:** Answer this question, if you choose

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**If you are applying for a foster child, follow these instructions:**

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**If all children in the household are foster children:**

- Part 1:** List child(ren)'s name, NCWISE ID #, DOB, school name and grade and check the box indicating that the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6:** Please choose a language preference.
- Part 7:** Answer this question, if you choose.

**If one or more of the children in the household are foster children:**

- Part 1:** List child(ren)'s name, NCWISE ID #, DOB, school name and grade and check the box indicating that the child is a foster Child. Please list income and indicate frequency. If no income please check the "no income box".
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant or a runaway check the appropriate box and call **your school for the homeless/migrant liaison or call 919-850-1600.** If not, skip this part.
- Part 4:** Follow these instructions to report total household income from last month.  
**Column 1 – Name:** List all household member names **that were not listed in part 1.**  
**Column 2 - Check if no income:** If the person, including a child, does not have any income, check the "no income" box.  
**Column 3 – Gross income and how often it was received:** For each household member, list each type of income received for the month. You must tell us how often the money is received- weekly, every other week, twice a month or monthly.
- **Earning from work:** Be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you.
  - **Other income sources:** List the amount each person got last month from **welfare, child support, or alimony.**
  - **Any other income:** Pensions, retirement, Social Security, Worker's Compensation, **unemployment**, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your

household, and ANY OTHER INCOME. Do not include income from FNS, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.

- **For only the self-employed:** Earning from Work, report income after expenses. This is for your business, farm, or rental property.
- **If you are in the Military:** Privatized Housing Initiative or combat pay, do not include these allowances as income.

**Part 5:** An adult household member must sign the form and list the last four digits their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Please choose a Language Preference.

**Part 7:** Answer this question if you choose to.

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**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

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**Part 1:** List child(ren)'s name, NCWISE ID #, DOB, school name and grade and check the box indicating that the child is a foster Child. Please list income and indicate frequency. If no income please check the "no income box".

**Part 2:** If the household does not have a case number, skip this part.

**Part 3:** If any child you are applying for is homeless, migrant or a runaway check the appropriate box and call **your school for the homeless/migrant liaison or call 919-850-1600**. If not, skip this part.

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1 – Name:** List all household member names **that were not listed in part 1**.

**Column 2 - Check if no income:** If the person, including a child, does not have any income, check the "no income" box.

**Column 3 – Gross income and how often it was received:** For each household member, list each type of income received for the month. You must tell us how often the money is received- weekly, every other week, twice a month or monthly.

- **Earning from work:** Be sure to list the **gross income**, not the take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you.
- **Other income sources:** List the amount each person got last month from **welfare, child support, or alimony**.
- **Any other income:** Pensions, retirement, Social Security, Worker's Compensation, **unemployment**, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Do not include income from FNS, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.
- **For only the self-employed:** Earning from Work, report income after expenses. This is for your business, farm, or rental property.
- **If you are in the Military:** Privatized Housing Initiative or combat pay, do not include these allowances as income.

**Part 5:** An adult household member must sign the form and list the last four digits their Social Security Number (or mark the box if s/he doesn't have one).

**Part 6:** Please choose a Language Preference.

**Part 7:** Answer this question if you choose to.

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