

## 2023-2024 Free/Reduced Lunch Program

To apply for Free or Reduced Lunch you must complete the Free/Reduced 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 or Reduced 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.

If you are approved for Free Lunch your **General School Fee** will be waived, if you are approved for Reduced Lunch your **General School Fee** will be reduced. Please do not pay General School fees until you are notified that your lunch application has been approved. No fees will be refunded. **No Technology Fees are waived.**

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 or reduced lunch.

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

You may send application and documentation to:

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

Mail: Uwharrie Charter Academy Central Office  
Attn: Christy Sands  
207 A Eagle Lane  
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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## 2023/2024 FREE/REDUCED 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	
<p><b>Note: The only approval for Free or Reduced 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.</b></p> <p>Name: _____ FNS Card #: _____ Case #: _____</p>	

  

Part 3: HOMELESS, MIGRANT, FOSTER or RUNAWAY CHILDREN	
Homeless <input type="checkbox"/>	Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> Foster <input type="checkbox"/>

  

Part 4: SIGNATURE OF PARENT/GUARDIAN, HOME ADDRESS AND PHONE NUMBER	
Print Name: _____	Signature: _____
Address: _____ City: _____	
State: _____ Zip Code: _____ Phone Number: _____	
Email Address _____	

  

OFFICE USE ONLY:	
<input type="checkbox"/> Approved for free meals	<input type="checkbox"/> Approved for reduced meals <input type="checkbox"/> Denied