

## 2024-2025 Reduced Lunch Program

To apply for Reduced Lunch you must complete the 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 Reduced Lunch is if your family currently receives food stamps. **Please enclose a photocopy 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 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 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: [michelle\\_hammer@uwharriecharter.org](mailto:michelle_hammer@uwharriecharter.org)

Mail: Uwharrie Charter Academy Central Office  
Attn: Michelle Hammer  
207 A Eagle Lane  
Asheboro, NC 27205

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

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

Students Name

Grade

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**2024/2025 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**

**Note: The only approval for 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.**

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

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

Homeless  Migrant  Runaway  Foster

**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:**

Approved for reduced meals  Denied