

## 2025-2026 Reduced Lunch Program

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

### Important Notice About Application Processing

To ensure your application is processed, please make sure to complete the entire form.

Please note: **Reduced-price meal benefits are only available to families who currently receive SNAP (Food Stamp) benefits totaling at least \$600.**

**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 **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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## 2025/2026 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