Favette Co. School Corporation

2395

SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS Effective July 1, 2005 - One Application per Household LIVING WITH CHECK TANF or Food Stamps Case # (If you Part 1. NAME OF CHILD PARENT or **BIRTH SCHOOL GRADE** IF A receive both benefits, list the TANF **FOSTER** (First Name, MI, Last Name) **CARETAKER** DATE Case #) **RELATIVE** CHILD YES - NO YES - NO YES - NO YES - NO П YES - NO YES - NO If ALL children listed above are foster children, skip to Part 5 and sign. If ANY of the children have a food stamp/TANF case number, skip to Part 5 and sign. Part 2. If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5. Name: Case Number: Part 3. If any child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call [insert your school's homeless liaison/migrant coordinator] at [insert phone number]. Migrant □ Homeless □ Runaway ALL OTHER HOUSEHOLD TYPES Part 4. GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES LIST ALL HOUSEHOLD Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly **MEMBERS** Earnings Welfare Pension, All Other NAME Every 2 Weeks Every 2 Weeks Every 2 Weeks Every 2 Weeks Twice A Month Twice A Month from Work Twice A Month Payment Retire-Income Child **Before** ment. Monthly Monthly Monthly **Deductions** Weekly Support, Social Weekly Check Yearly Yearly Alimony Security if NO income \$ 200 X \$ \$ 100 X \$ 50 X П Example: Jane Smith 150 \$ П П 2 \$ П П П П П П П П П П П 3. \$ П П П П П 4. \$ \$ \$ П П \$ П П П 5. П П П 6. \$ П П П 7. \$ \$ \$ П П П Part 5. SIGNATURE: An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "No Social Security Number" box. While disclosure of the last 4 digits of a social security number is voluntary, the National School Lunch Act requires the last 4 digits of a social security number or an indication of "no social security number" for approval of the application. (See Use of Information Statement on the back of this page) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. □ No Social Signature Of Adult Household Member Security Number Home Telephone # / Work Telephone # Social Security Number Home Address/Apt # Printed Name of Adult Household Member **Date Signed** Zip Code Part 6. OTHER BENEFITS - This section does not need to be completed to receive free or reduced price meal benefits. SCHOOL USE I certify that I am the parent/guardian of the child(ren) for whom application is being made. Do you want to receive textbook assistance? My signature below authorizes the release of information on this application for textbook ONLY: assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration If, YES, SIGN TO THE RIGHT Approved pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 Denied C.F.R. PARTS 260 AND 265. Not Applicable

SIGNATURE OF PARENT/GUARDIAN

DATE

SEE PAGE 2 IF YOU WANT THIS INFORMATION RELEASED FOR THE PURPOSE OF HOOSIER HEALTHWISE.

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.						
X For information about Hoosier Healthwise						
Signature of Parent/Guardian Date			health insurance, call 1-8			
D. 17 DAGE AND ETHNION			1.0			
Part 7. RACE AND ETHNICION Optional - You are not required		ark one or more racial identities:		S:	Mark one ethnic identity:	
this question. No child will be		☐ Black or African American			☐ Hispanic or Latino	
against because of race, color		☐ American Indian or Alaska Native				
origin, age, or disability.		 □ Native Hawaiian or Other Pacific Islander □ White 			□ Not Hispanic or Latino	
Use of Information Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."						
FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE						
INCOME CONVERSION to YEARLY: WEEKLY INCOME X 52						
EVERY 2 WEEKS X 26 TWICE A MONTH X 24 MONTHLY INCOME X 12						X 12
ELIGIBILITY DETERMINATION						
Income Eligibility: Total Household Size: Total Income:\$ per: \[\text{Weekly} \ \ \text{Every 2 Weeks} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						leeks □ Monthly
	☐ Twice a Month ☐ Yearly			•		
OR Categorical Eligibility:			☐ Migrant		∃Runaway □ F	oster
Eligibility Determination:						
Reason for Denial: Income Too High Incomplete Application Other(Reason) Signature of Determining Official: Date:						
Date Withdrawn:						
VERIFICATION						
Confirmation Review Official:						
Date Verification Notice	Approval Based On:	Verifica	tion Results:	Reason for Chang	ie:	Date Notice of
Sent:				•	•	Change
D . D	☐ Food Stamps / ☐ No C		-	☐ Income:		Sent:
Date Response Due from			to Reduced	☐ Household Size		
Households:	☐ Household Size			☐ Change in Food		Date Change
Date Second Notice Sent	and Income		ced to Free	□ Did not respond□ Other:		Made:
(or N/A):		☐ Reduced to Paid ☐ Oth			<u> </u>	
	□ Other		,			
Date Hearing Requested:_	Verifying Official's Signature:					
Hearing Decision:			Date:			