



**STEP 5**

**Other Benefits – This section does not need to be completed to receive free or reduced price meal benefits.**

Do you want to receive **Textbook Assistance**?

Yes  No

If yes, sign to the right →

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook 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 pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. Parts 260 and 265.

Signature of adult completing the form \_\_\_\_\_

Today's date \_\_\_\_\_

School Use Only

Approved  Denied  Not Applicable

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.

Signature of adult completing the form \_\_\_\_\_

Today's date \_\_\_\_\_

**For information about Hoosier Healthwise health insurance, call 1-800-889-9949.**

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**

Hispanic or Latino  American Indian or Alaskan Native

Not Hispanic or Latino  Asian  Black or African American

**Race (check one or more):**

Native Hawaiian or Other Pacific Islander  White

**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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

This institution is an equal opportunity provider.

**FOR SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

INCOME CONVERSION TO YEARLY: WEEKLY X 52 EVERY 2 WEEKS X 26 TWICE A MONTH X 24 MONTHLY X 12

**ELIGIBILITY DETERMINATION**

Income Eligibility: Total Household Size: \_\_\_\_\_ Total Income: \$\_\_\_\_\_ per:  Weekly  Every 2 Weeks  Twice a Month  Monthly  Yearly

OR Categorical Eligibility:  Food Stamps/TANF  Migrant  Homeless  Runaway  Foster

Eligibility Determination:  Approved Free  Approved Reduced Price  Denied

Reason for Denial:  Income Too High  Incomplete Application  Other \_\_\_\_\_

Type of Eligibility Notification Provided (if denied, notification must be written):  Verbal  Written

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION**

Confirmation Review Official: \_\_\_\_\_ Application Direct Verified? Yes  No

Date Verification Notice Sent: \_\_\_\_\_ Approval Based On:  Food Stamps / TANF Case Number

Date Response Due from Households: \_\_\_\_\_  Household Size and Income  Other \_\_\_\_\_

Date Second Notice Sent (or NA): \_\_\_\_\_  Free to Reduced  Free to Paid  Reduced to Free  Reduced to Paid

Reason for Change:  Income: \_\_\_\_\_  Household Size: \_\_\_\_\_  Change in Food Stamps/TANF  Did not respond  Other \_\_\_\_\_

Date Notice of Change Sent: \_\_\_\_\_ Date Change Made: \_\_\_\_\_

Requested for Appeal: \_\_\_\_\_

Date Hearing Requested: \_\_\_\_\_

Hearing Decision: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_