2022-2023 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

Prescribed by State Board of Accounts School Form No. 521/2022

STEP 1 List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper)

rinted name of adult completing the form	STEP 4		with the All Adult Household Members section.	The Sources of Income for Adults section will help you	section will help you with the Child Income question.	The Sources of Income for Children	School Meals for more information.	Are you unsure what to do here? Please read How	STEP3 Report		STEP 2 Do any Ho	Meals for more information.	eligible for free meals. Read How to Apply for Free and Reduced Price School	and children who meet the definition of Homeless, Migrant or Runaway are	even if not related." Children in Foster care	Member: "Anyone who is living with you and shares income and expenses.	efinition of Household
ting the form	STEP 4 Contact Information and adult signature. Mail Completed Form To: certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	Total Household Members (Children and Adults)	U .	€ V	2	Name of Adult Household Members (First and Last)	List all Household Members not listed in STER before any taxes or deductions for e (promising) that there is no income to report.	A. Child Income Sometimes children in the household earn or receive income. Plea in household listed in STEP 1 here. B. All Adult Household Members (including yourself)	Report Income for ALL Household Members (Skip this step if you answered Yes	If NO > Go to STEP 3.	pusehold Wembers (including you) c	5	4-1	3	2		Child's First Name
Signature of adult completing the form	STEP 4. Contact information and adult signature. Mail Completed Form To: Furn for Textbook Benefits	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member				Earnings from Work Weekly Every 2 Wks 2x Month Monthly) even if the dollars (no ce	A. Child Income Sometimes children in the household earn or receive income. Please include the TOTAL income received by all in household listed in STEP 1 here. B. All Adult Household Members (including yourself)	ers (Skip this step if you answered Yes to STEP 2)	If YES > Write a case number here then go to STEP 4 <u>(Do n</u>	Do any Household Members (including you) currently participate in one or more of the following						MI Child's Last Name
Today	he receipt of Federal funds, and that school o	ber XXXXX				Public Assistance/ Child Support/Alimony Weekly	 For each Household Member listed, eceive income from any source, write 'C 	red by all children	2)	P 4 (Do not complete STEP 3)							Student? <u>Qnly Students:</u> Yes No Name of School Building
Oday's date	Turn To	Check if no SSN	5	, ,		Month Monthly	if they do receive income, report tot:)'. If you enter '0' or leave any fields b	Weekly Every 2 W/ks 2x Month N	e de la companya de l	Case Number: / /	assistance programs: SNAP (Food Stamp) or TANF?						Only Students: Birthdate
	Turn for Textbook Benefits]				Weekly Ever	al (gross) inc	Monthly	white only one case number in this space.				Che		Tat apply		Only Students: caretaker relative? Grade Yes No
	Senefits Surposely give					y 2 Wks 2x Month Mont	ome tifying		er III uils space.	1 1 1							Homeless, Foster Migrant, Child Runaway

Street Address (if available)

Apt#

City

State

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Daytime Phone and Email (optional)

Change	***************************************	**************************************				Danilant for Dansal	
Change	Date Change Made:	⊔ Household Size: ☐ Change in Food Stamps /TANF ☐ Did not respond ☐ Other:	☐ Free to Reduced☐ ☐ Free to Paid☐ ☐ Reduced to Free☐ ☐ Reduced to Paid☐	⊔ Household Size and Income	Pholds:	Date Response Due from Households: Date Second Notice Sent (or N/A):	
	Date Notice of Change Sent:	Reason for Change:	Verification Results: ⊔ No Change	Approval Based On: □ Food Stamps / TANF Case Number		Date Verification Notice Sent:	
			Application Direct Verified? Yes ⊔ No	Application.		Confirmation Review Official:	
			VERIFICATION	VERIF			
		Date Withdrawn:	Date:	0	ovided (if denied, notificati	Type of Eligibility Notification Prov Signature of Determining Official:	1
		Month ロ Monthly ロYearly	ELIGIBILITY DETERMINATION : ⊔ Weekly ⊔ Every 2 Weeks ⊔ Twice a M Runaway ⊔ Foster	per Homeless U Price U Denied	old Size:Total Income:\$ od Stamps/TANF ⊔ Migrant ⊔ Hom oved Free ⊔ Approved Reduced Price oo High ⊔ Incomplete Application ⊔	Income Eligibility: Total Household Size: OR Categorical Eligibility: □ Food Stamps/TANF Eligibility Determination: □ Approved Free □ □ Ap Reason for Denial: □ Income Too High □ Incor	
12	MONTHLY X 12	ONTH X 24	IVERSION to YEARLY: TWICE A MC	INCOME CONVERSION to YEARLY: EVERY 2 WEEKS X 26 TWICE A MO	WEEKLY X 52	WEE	3
		THIS LINE	DO NOT WRITE BELOW!	FOR SCHOOL USE ONLY			
Persons with disabilities we, alarge print, audiotape, A illinisters the program or US the Federal Relay Service the Federal Relay Service omplaint-Form-0508-0002. It aletter addressed to USI a written description of the vi) Rights (ASCR) about the IRights, 1400 independents or email: program. Intaket	ther than English, I mation (e.g., Braille il agency that adm not USDA through in USDA through included complete a E. OASCR%20P-Cc 9992, or by writing one number, and a pt Secretary for Civil Secretary for Civil x (202) 690-7442; or (202) 690-7442;	Program information may be made available in languages other than English, Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/USDA-O/ASCR%20P-Complaint-Form-0508-0002-508-11-28-1758/20MM_USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 258-1665 or (202) 690-7442; or email: program.intake@usda.gov	Program information may alternative means of commodification of the	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 oright, sex (including gender identity and sexual orientation), disability, age, or reprisal or retailation for prior civil rights activity.	unch Act requires the info t, we cannot approve your al security number of the ac ecurity number is not requi istance Program (SNAP), in Program on Indian Rese dicate that the adult house will use your information to n and enforcement of the i on, health, and nutrition pr is for program reviews, an U.S. Department of Agric July, age, or reprisal or ret	The Richard B. Russell National School Luhave to give the information, but if you do not. You must include the last four digits of the social sephication. The last four digits of the social sephication. The last four digits of the social sechild or you list a Supplemental Nutrition Assistantial or you list a Supplemental Nutrition Assistantial or you have a social security number. We wor reduced price meats, and for administration share your eligibility information with education determine benefits for their programs, auditor look into violations of program rules. In accordance with federal civil rights law and policies, this institution is prohibited from disciplender identity and sexual orientation), disabil	The Richau have to giv You must in application, child or you Families (T FDPIR ider does not ha or reduced share your determine t look into vio In accordan policies, thi gender ider
			[Willia	Black or African American		Not Hispanic or Latino	
		Native Hawaiian or Other Pacific Islander	Native Hav	Asian		Hispanic or Latino	☐ Hie
			te of Hiotel:	Nace (check one of Hotel)	_	Ethnicity (check one):	Ethnicity
ation is optional and does	xanding to this sec	e fully serving our community. Responding to this section is optional and does	helps to make sure we are	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 not affect your children's eligibility for free or reduced price meals.	t your children's race and creduced price meals.	We are required to ask for information about your children's race not affect your children's eligibility for free or reduced price meats.	We are red not affect y
				ies	Children's Racial and Ethnic Identities	NAL Children's Racial	OPTIONAL
				Today's date		Signature of adult completing the form	Signa
alify for free or low-cost health insurance under Medicaid or Ho for whom application is being made. I authorize the release of For information about Hoosier Healthwise health insurance, call 1-800-889-9949.	ost health insurance is being made. I aut ut Hoosier Healthwi call 1-800-889-9949,	who may qualify for free or low-co. se child(ren) for whom application i For information abou c	ose of identifying children on the parent/guardian of th	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. For information about Hoosier Healthwise health insurance , call 1-800-889-9949.	d with the Family and Sor formation shared for this I	This application information may be shared Healthwise. If you want the application information for this purpose.	This appli Healthwis informatio
		Today's date		Signature of adult completing the form	Sig		
□ Not Applicable					\	If yes, sign to the right	((
fo.	pelow authorizes tonly. This applicates 33-5-2 and I.C. 12	ion is being made. My signature b of confidentiality for this purpose of dministration pursuant to I.C. 20-3	ilid(ren) for whom applicating istance. I give up my right with and Social Services Act. Parts 260 and 265.	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.	,	Do you want to receive Textbook Assistance?	Do you w