


Dear Parent/Guardian:

Children need healthy meals to learn. Our Lady of Perpetual Help offers healthy meals every school day. Breakfast costs N/A; lunch costs \$2.75. Your children may qualify for free meals or for reduced price meals. Reduced price is N/A for breakfast and .40 cents for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. **Do I need to fill out an application for each child?** No. Use **one** Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Sandy Gilland, 1752 Scheller Lane, NA, IN, 47150.
 2. **Who can get free or reduced price meals?** All children in households receiving benefits from Food Stamps (SNAP) or TANF, can get free meals regardless of your income. Also, if your household's gross income is within the limits on the Federal Income Chart, your children can get free or reduced price meals.
-  If you have received a **Notice of Direct Certification** for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
 4. **Can homeless, runaway, Head Start and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or email [school, homeless liaison, runaway, head start or migrant coordinator] to see if they qualify.
 5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the school at 812-944-7676 if you have questions.
 6. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
 7. **My household was approved last school year for benefits. How long do I have once the new school year begins to turn my application in to continue receiving benefits?** If a household applied last school year, there is a 30 operating day roll-over starting with the first day of school. If a household does not apply for benefits during this 30 operating day roll-over, the household will lose their benefits after the 30 days, and the household will go back to a paid status.
 8. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
 9. **Will the information I give be checked?** Yes and we may also ask you to send written proof.
 10. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
 11. **What if I disagree with the school's decision about my application?** You should talk to the school officials. You also may ask for a hearing by calling or writing to: Mary Ann Bennett, mbennett@olphna.org, 812-944-7676.
 12. **May I apply if someone in my household is not a U. S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced price meals.
 13. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rate share of expenses), do not include them.
 14. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you make \$1000 per month. If you normally get overtime include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
 15. **We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
 16. **My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your child's school for more information.
 17. **My family needs more help. Are there other programs available?** To find out how to apply for Food Stamps (SNAP) or other assistance benefits, contact your local assistance office.

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Sandy Gilland**. If you have other questions or need help, call **812-944-7676**. Si necesita ayuda, por favor llame al teléfono: [phone number]. Si vous voudriez d'aide, contactez nous au numéro: [phone number].

Sincerely,
Sandy Gilland

INSTRUCTIONS for APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

If your household receives benefits from Food Stamps (SNAP) or TANF:

Part 1: List all household members and the name of each child's school (if known).

Part 2: List the case number for any household member (including adults) receiving Food Stamps (SNAP) or TANF benefits. **EBT, Medicaid and Hoosier Healthwise numbers DO NOT qualify you for benefits.**

Part 3: Check the appropriate box, if any.

Part 4: Skip this part.

Part 5: An adult must sign the application. The last four digits of the Social Security number are not required.

Part 6 and **Part 7** are optional for meal benefits.

If any child in your household is Migrant, Homeless, or Runaway:

Part 1: List all household members and the name of each child's school (if known).

Part 2: If no one in household gets Food Stamps (SNAP) or TANF benefits, skip this part.

Part 3: Check the appropriate box and contact the school's homeless liaison or migrant coordinator.

Part 4: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.

Part 5: An adult must sign the application. The last four digits of the Social Security number are not required.

Part 6 and **Part 7** are optional for meal benefits.

If you are applying for a foster child:

If all children in the household are foster children:

Part 1: List all foster children and the school name for each child. Check the box indicating the child is a foster child.

Part 2: Skip this Part

Part 3: Skip this Part

Part 4: Skip this Part

Part 5: An adult must sign the application. The last four digits of the Social Security number are not required.

Part 6 and **Part 7** are optional for meal benefits.

If some of the children in the household are foster children:

Part 1: List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.

Part 2: Enter the name and case number of any household member who has a valid TANF or Food Stamp (SNAP) case number.

Part 3: Check the appropriate box and contact the school's homeless liaison or migrant coordinator for any listed children who are homeless, migrant, or runaway.

Part 4: Complete only if a child in your household isn't eligible under Part 1 or Part 3. See instructions for All Other Households.

Part 5: An adult household member must sign the form, and if income information was provided, the adult household member must provide the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6 and **Part 7** are optional for meal benefits.

All Other Household Types, including WIC households:

Part 1: List all household members, include everyone related or unrelated living in your household (this includes you, your spouse, all children, grandparents, other relatives, and unrelated people). Use another sheet of paper if you have to. Enter the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is a foster child, check the box.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or runaway, check the appropriate box and contact the school's homeless liaison or migrant coordinator.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Section 1** – Name – List all household members with income.
- **Section 2** –
 - **Gross Income and How Often it was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.
 - **Earnings:** Be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under Earnings from

Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as the income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6 and **Part 7** are optional for meal benefits.

| | | FEDERAL INCOME CHART FOR SCHOOL YEAR 2014-2015 | | | | |
|---|-----------------------------|---|---------|-----------------|-----------------|--------|
| Household Size | | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart. | 1..... | 21,590 | 1,800 | 900 | 831 | 416 |
| | 2..... | 29,101 | 2,426 | 1,213 | 1,120 | 560 |
| | 3..... | 36,612 | 3,051 | 1,526 | 1,409 | 705 |
| | 4..... | 44,123 | 3,677 | 1,839 | 1,698 | 849 |
| | 5..... | 51,634 | 4,303 | 2,152 | 1,986 | 993 |
| | 6..... | 59,145 | 4,929 | 2,465 | 2,275 | 1,138 |
| | 7..... | 66,656 | 5,555 | 2,778 | 2,564 | 1,282 |
| | 8..... | 74,167 | 6,181 | 3,091 | 2,853 | 1,427 |
| | For each additional person: | +7,511 | +626 | +313 | +289 | +145 |

Other Benefits: Put a checkmark where you want the information released. By signing this section you will allow the school to release information that shows you have applied for free or reduced price benefits under the NSLP. The information will only be used for the programs you have marked on the application.

Textbook Assistance

You must answer this question and sign, in order to receive textbook assistance. You are not required to answer this question to receive meal benefits.

PLEASE NOTE: For **Textbook Assistance**, these are specific things that you must complete in addition to the required items for meal benefits:

- Living with parent/caretaker relative
 - *The definition of a caretaker relative is a relative, either by blood or by law, who lives with the child and exercises parental responsibility [care and control] in the absence of the child's parent. Examples include, but are not limited to: Grandparents, Aunts, Uncles, Cousins, Step-Parents, and Adult Siblings.*
- Grade
- Check if you are applying for textbook assistance and **sign** under Other Benefits. **Your application must contain 2 signatures for meals and textbooks.**

Hoosier Healthwise

Your child(ren) may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you **DO WANT** this information released for the purpose of Hoosier Healthwise, please sign. For more information about Hoosier Healthwise health insurance, call 1-800-889-9949.

Our Lady of Perpetual Help School

K070

SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS

Effective July 1, 2005 - One Application per Household

| Part 1. Names of <u>all</u> household members (First, Middle Initial, Last) | Only for students: Check if living with parent or caretaker relative | Only for students: Name of each child's school | Only for students: Grade | Only for students: Birthdate | Only for students: Check if a Foster child | Check if no income |
|--|---|---|--------------------------------|------------------------------------|---|--------------------------|
| | | <input type="checkbox"/> | | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

If ALL children listed above are foster children, skip to Part 5 and sign.

Part 2. If any member of your household (student, adult or non-student) has a valid Food Stamp (SNAP) or TANF case number, please provide the name of the person who receives benefits, check the box indicating the benefit program, and enter the case number, then skip to Part 5. If no one receives these benefits, skip to Part 3.

Name: _____ Food Stamp TANF Case Number: ____/____/____/____/____/____/____/____/____/____/____/____

Part 3. If any child you are applying for is migrant, homeless, or runaway, check the appropriate box and call [school's homeless liaison/migrant coordinator] at [phone number]. Migrant Homeless Runaway

| Part 4. | Section 2 | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| | TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). LIST ALL INCOME ON THE SAME LINE AS THE PERSON WHO RECEIVES IT. CHECK THE BOX FOR HOW OFTEN IT IS RECEIVED. RECORD EACH INCOME ONLY ONCE. GROSS INCOME and HOW OFTEN IT WAS RECEIVED Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly | | | | | | | | | | | | | | | | | | | |
| Section 1 NAME (List ONLY household members with income) | Earnings from Work Before Deductions | Weekly | Every 2 wks. | Twice A Month | Monthly | Welfare, Child Support, Alimony | Weekly | Every 2 Wks. | Twice A Month | Monthly | Social Security, SSI, VA, Retirement Benefits | Weekly | Every 2 Wks. | Twice A Month | Monthly | All Other Income such as Unemployment | Weekly | Every 2 Wks. | Twice A Month | Monthly |
| Example: Jane Smith | \$ 200 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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. (See 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. I understand my child's eligibility status may be shared as allowed by law.

X _____ *** - ** - _____ No Social Security Number _____
Signature of Adult Household Member Social Security Number Home Telephone # / Work Telephone #

Printed Name of Adult Household Member Date Signed Home Address/Apt # Zip Code

Email Address

Part 6. 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 ? <input type="checkbox"/> YES If, YES, SIGN TO THE RIGHT → <input type="checkbox"/> NO | 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. X _____ SIGNATURE OF PARENT/GUARDIAN DATE | SCHOOL USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable |
|--|--|---|

Part 6. OTHER BENEFITS (Continued from Page 1)

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 _____
SIGNATURE OF PARENT/GUARDIAN DATE

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

Part 7. RACE AND ETHNICITY:

Optional - You are not required to answer this question. No child will be discriminated against because of race, color, sex, national origin, age, or disability.

Mark one or more (regardless of ethnicity):

- Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 White

Mark one ethnicity:

- Hispanic or Latino
 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing 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

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income: \$ _____ per: Weekly Every 2 Weeks Monthly
 Twice a Month 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(Reason) _____

Signature of Determining Official: _____ Date: _____

Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____

| | | | | |
|--------------------------------------|---|--|---|--|
| Date Verification Notice Sent: _____ | Approval Based On: <input type="checkbox"/> Food Stamps / TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other _____ | Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid | Reason for Change: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in Food Stamps /TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____ | Date Notice of Change Sent: _____ Date Change Made: _____ |
|--------------------------------------|---|--|---|--|

Date Hearing Requested: _____

Verifying Official's Signature: _____

Hearing Decision: _____

Date: _____