

<b>Monroe-Gregg School District</b> SCHOOL CORPORATION	<b>5900</b> CORP. NUMBER
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## APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS

Effective July 1, 2005 - One Application per **Household**

**Part 1. Children in school.** To apply for free or reduced price meals and other benefits for your child(ren), carefully complete, sign, and return this application to the school. If you need help with this application, please call the school.

NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTHDATE	SCHOOL	GRADE	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				
	YES - NO				
	YES - NO				
	YES - NO				

**If ANY of the above children are Food Stamps or TANF recipients – skip to Part 5.**

**Part 2** If the child you are applying for is migrant, homeless, or a runaway, check the appropriate box and, check the appropriate box and contact (your school's homeless liaison/migrant coordinator) at (phone #) \_\_\_\_\_ Migrant  Homeless  Runaway

**Part 3. FOSTER CHILD:** If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's monthly personal income: \$ \_\_\_\_\_. (If no personal income, put zero.) Skip to Part 5.

**Part 4 A.** If there is a household member (adult or non-student) that has a valid Food Stamp or TANF Case #, please enter that information here and then skip to Part 5. \_\_\_\_\_ (Name) \_\_\_\_\_ (Case #)

**Part 4 B.  
LIST ALL  
HOUSEHOLD  
MEMBERS**

**ALL OTHER HOUSEHOLD TYPES**

GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES  
Examples: \$100 / month or \$100 / biweekly or \$100 / bimonthly or \$100 / weekly

NAME  (Example) Jane Smith	Earnings from Work Before Deductions \$ 200	Welfare Payment Child Support, Alimony					Pension, Retirement, Social Security					All Other Income					Check if NO income <input type="checkbox"/>					
		Weekly	Bi-Weekly	Bi Monthly	Monthly	Annual	Weekly	Bi-Weekly	Bi Monthly	Monthly	Annual	Weekly	Bi-Weekly	Bi Monthly	Monthly	Annual						
1.	\$	<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"/>
2.	\$	<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"/>
3.	\$	<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"/>
4.	\$	<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"/>
5.	\$	<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"/>
6.	\$	<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"/>
7.	\$	<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:** 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.

X \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  No Social Security Number Home Telephone # / Work Telephone #  
 Signature Of Adult Household Member Social Security Number Security Number  
 \_\_\_\_\_  
 Printed Name of Adult Household Member Date Signed Home Address/Apt # Zip Code

**Part 6. OTHER BENEFITS – This section does not need to be completed to receive free or reduced price meal benefits.**

*If your child is a U.S. citizen and currently in grades 6-8, ask your school for information on how to apply for Indiana's Twenty-first Century Scholars program – an early promise program to help prepare and pay for college.*

Do you want to receive textbook assistance?  <input type="checkbox"/> YES If, YES, <b>SIGN TO THE RIGHT</b> → <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	<b>SCHOOL USE ONLY:</b>  <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable
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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 racial identities:

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

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**Privacy Act 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 social security number of the adult household member who signs the application. 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) or 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 Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410* or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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

INCOME CONVERSION to ANNUAL:	WEEKLY INCOME X 52
BIWEEKLY INCOME X 26	MONTHLY INCOME X 12

**ELIGIBILITY DETERMINATION**

Income Eligibility: Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per:  Week  Month  Annual  
 OR Categorical Eligibility:  Food Stamps  TANF  Migrant  Homeless  Runaway  
 Eligibility Determination:  Approved Free  Approved Reduced price  Denied  
 Reason for Denial:  Income Too High  Incomplete Application  Other(Reason) \_\_\_\_\_  
 Temporary:  Free  Reduced Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)  
 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: _____
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Date Hearing Requested: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_  
 Hearing Decision: \_\_\_\_\_ Date: \_\_\_\_\_