

[Reitz Memorial High School]
2021-2022 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Student?		Only Students:	Only Students:	Only Students:	Living with parent or caretaker relative?		Homeless, Migrant, Runaway	
			Yes	No	Name of School Building	Birthdate	Grade	Yes	No	Foster Child	Runaway
1			<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"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	List ALL infants, children, and students			<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"/>
5			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

Case Number: / / / / / / / /

Are you unsure what to do here?
 Please read **How to Apply for Free and Reduced Price School Meals** for more information.

The **Sources of Income for Children** section will help you with the **Child Income** question.

The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report **total (gross) income before any taxes or deductions** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

STEP 2
 How often? Weekly, Every 2 Wks, 2x Month, Monthly
 \$ [] [] [] [] []
 If NO > Go to STEP 3. If YES > Write a case number

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income	How often?			
		Weekly	Every 2 Wks	2x Month	Monthly			Weekly	Every 2 Wks	2x Month	Monthly
1	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[] [] [] []	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[] [] [] []	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[] [] [] []	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[] [] [] []	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	[] [] [] []	[] [] [] []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member
 X X X X X X [] [] [] [] [] [] [] []

STEP 4 1500 Lincoln Ave Evansville IN 47714 Turn for Textbook Benefits

Printed name of adult completing the form
 Signature of adult completing the form
 Street Address (if available) Apt # City State Daytime Phone and Email (optional)

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is information my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

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
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
 Asian
 Black or African American
 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
(202) 690-7442; or
email: program.intake@usda.gov
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 Date: _____

Signature of Determining Official: _____ Date: _____ Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____ Application Direct Verified? Yes No

Date Verification Notice Sent: _____

Date Response Due from Households: _____

Date Second Notice Sent (or N/A): _____

Approval Based On:

- Food Stamps / TANF Case Number
 Household Size and Income
 Other _____

Verification Results:

- No Change
 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: _____

Request for Appeal

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____ Date: _____