

Nineveh-Hensley-Jackson United School Corporation (4255) 2021-2022 Household Application for Free and Reduced Price School Meals

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

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)

Child's First Name	MI	Child's Last Name	Student?		Only Students: Name of School Building		Living with parent or Only Students: caregiver relative?		Homless, Migrant, Runaway	
			Yes	No	Birthdate	Grade	Yes	No	Foster Child	Runaway
1			<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"/>
3			<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"/>
5			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: /

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

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

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in household listed in STEP 1 here.

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.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income		
	Weekly	Every 2 Wks	2x Month Monthly	Weekly	Every 2 Wks	2x Month Monthly	Weekly	Every 2 Wks	2x Month Monthly
1							\$		
2							\$		
3							\$		
4							\$		
5							\$		

Total Household Members (Children and Adults)

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

Check if no SSN

STEP 4

Contact information and adult signature. Mail Completed Form To: NHJ Schools, 802 S Indian Creek Dr, Trafalgar, IN 46181 Turn over for Textbook

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed name of adult completing the form _____ Today's date _____

Signature of adult completing the form _____ Zip _____

Street Address (if available) _____ Apt # _____ City _____ State _____

Daytime Phone and Email (optional) _____

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.asc.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
 fax: (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

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

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ 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: _____ Date Withdrawn: _____
 Signature of Determining Official: _____

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: _____