

Bishop Chatard High School	9200
SCHOOL CORPORATION	CORP. NUMBER

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 ALL above children are Food Stamps or TANF recipients – now skip to Part 5.

Part 2. If the child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call [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, complete this section and go to Part 5. (First Name, Middle Initial, 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 #) OR Monthly Personal Use Income (if zero, indicate as such)
	YES - NO				

ALL OTHER HOUSEHOLD TYPES

Part 4. LIST ALL HOUSEHOLD MEMBERS	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES <i>Examples: \$100/month or \$100/biweekly or \$100/weekly</i>																				
NAME <i>(Example) Jane Smith</i>	Earnings from Work Before Deductions \$ 200	Weekly				Welfare Payments, Child Support, Alimony \$ 150	Monthly				Pensions, Retirement, Social Security \$ 100	All Other Income Received \$ 50				Check if NO income <input type="checkbox"/>					
		Weekly	Bi-Weekly	Monthly	Annual		Weekly	Bi-Weekly	Monthly	Annual		Weekly	Bi-Weekly	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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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 _____ Signature Of Adult Household Member	____ - ____ - ____ Social Security Number	No Social Security Number	_____ Home Telephone # / Work Telephone #
_____ 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? YES If, YES, SIGN TO THE RIGHT → 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. X _____ SIGNATURE OF PARENT/GUARDIAN	SCHOOL USE ONLY: Approved Denied Not Applicable
	_____ DATE	

*THIS APPLICATION INFORMATION WILL BE SHARED WITH FAMILY AND SOCIAL SERVICES ADMINISTRATION OFFICE 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.

SEE PAGE 2 IF YOU WANT THIS INFORMATION RELEASED FOR THE PURPOSE OF HOOSIER HEALTHWISE.

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: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
	(This section is currently blank in the image)	

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 *SNAP (Supplemental Nutrition Assistance Program) or TANF case number 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.

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program with USDA)

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

INCOME CONVERSION to ANNUAL:		
WEEKLY INCOME X 52	BI WEEKLY 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: 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: _____
Date Response Due from Households: _____	Date Hearing Requested: _____		Verifying Official's Signature: _____	
Date Second Notice Sent (or N/A): _____	Hearing Decision: _____		Date: _____	