

Dear Parent/Guardian:

Children need healthy meals to learn. Franklin Township Community School Corporation offers healthy meals every school day. The breakfast regular price is \$1.25 for all students; lunch is \$2.10 for K-6 and \$2.15 for 7-12. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

1. **Who can get free or reduced price meals?** Children in households receiving Food Stamps or TANF and most foster children can receive free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children may qualify for free or reduced price meals.
2. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one 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 any school office.
3. **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 and for the first few days of this school year. You must send in a new application.
4. **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 received carefully and follow the instructions. If you have questions, call 862-2411.
5. **I receive WIC. Will my children qualify for free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please complete an application.
6. **Can migrant, homeless, or runaway children get free meals?** If you have not been informed that they will receive free meals, please call 862-2411 (homeless liaison) to see if your children qualify,
7. **May I apply if someone in my household is not a U. S. citizen?** Yes. You or your children do not have to be a U.S. citizen to qualify for free or reduced price meals.
8. **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).
9. **Will the information I give be checked?** Yes, we may ask you to provide written verification.
10. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime include it, but do not include it if you only work overtime sometimes.
11. **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.
12. **My spouse is deployed to a combat zone. Is her/his 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.
13. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if there are any changes to your household income or size.
14. **My family needs more help. Are there other programs available?** To find out how to apply for food stamps or other assistance benefits, contact your local assistance office.
15. **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 Ronald L. Blackgrave, 6141 S. Franklin Road, Indianapolis, Indiana 46259, (862-2411).

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to any Franklin Township School Office. The District is allotted 10 days to process the application and benefits may not begin until the process is complete, nor are benefits prorated.

If you have other questions or need help, call 862-2411.  
Si necesita ayuda, por favor llame al teléfono: 862-2411.  
Si vous voudriez d'aide, contactez nous au numéro: 862-2411.

Sincerely,

Dr. Walter Bourke  
Superintendent of Schools

## INSTRUCTIONS for APPLYING

### Households getting TANF or Food Stamps:

1. In Part 1, list each enrolled child and include the TANF or Food Stamp Case Number for any child. **EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.**
2. In Part 2, check the appropriate box, if any.
3. In Part 4 A, enter the name of any other household member who has a valid TANF or Food Stamp Case Number.
4. Part 5. An adult must sign the application. A Social Security number is not required.
5. Part 6 and Part 7 are optional for meals benefits.

**Migrant, Homeless, or Runaway:** Check the appropriate box and contact the school's homeless liaison or migrant coordinator.

**Foster Child:** Use a separate application for each foster child.

1. Complete Part 1, Part 3, and Part 5
2. INCOME: Write only the child's personal use income or '0' if the child has no income.
3. Part 5. An adult must sign the application. A Social Security number is not required.
4. Part 6 and Part 7 are optional for meals benefits.

**All Other Household Types:** Including WIC households

1. In Part 1, list each enrolled child.
2. In Part 2, check the appropriate box, if any. Skip Part 3.
3. In Part 4, list everyone related or not living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if you need to.
4. Write the amount of gross income each person received before taxes or anything else is taken out for this month or last month, how often, and where it came from, such as earnings, welfare, pensions, and other income. See list. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance. If you have no income, put a checkmark (✓) in the box.
5. Part 5. An adult must sign the application and list his/her Social Security number, or put a checkmark (✓) in the box if you have no social security number.
6. Part 6 and Part 7 are optional for meals benefits.

### INCOME TO REPORT:

Earnings from Work

Wages/salaries/tips

Strike benefits

Unemployment compensation

Workman's compensation

Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments

Welfare payments

Alimony payments

Child support payments

Pensions/Retirement/Social Security

Pensions

Retirement income

Social Security

Veteran payments

Supplemental Social Security Income

Other Income

Earnings from second job

Disability benefits

Interest/Dividends

Cash withdrawn from savings

Income from Estates/Trusts/Investments

Regular contributions from persons not living in the household

Royalties/Annuities/Rental Income

Any other monies that may be available to pay for the child's meals

**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 National School Lunch Program. The information will only be used for the programs you have marked on the application.

### Textbook Assistance

– In 1999 the passage of Indiana House Enrolled Act 1001, includes assistance for children approved for free or reduced price meals.

**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.

1) 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.)*

2) grade, and

3) check if you are applying for textbook assistance and sign under Other Benefits.

**Your application must contain 2 signatures for meals and textbooks.**

### Twenty-first Century Scholars

– 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.

### 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.

<b>FRANKLIN TOWNSHIP COMMUNITY SCHOOL CORPORATION</b>	<b>5310</b>
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 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

**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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**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:

- 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	BIMONTHLY X 24	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: _____
Date Response Due from Households: _____				
Date Second Notice Sent (or N/A): _____				

Date Hearing Requested: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_  
 Hearing Decision: \_\_\_\_\_ Date: \_\_\_\_\_