2022-2023 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).

P1 List AL	L infants, children, and students up t	o grad	e 12 who are members of your house				Lise	ner sheet of ing with parent or	paper)	Hamalana
ition of Household	Child's First Name	MI	Child's Last Name	Student? Yes No	Only Students: Name of School Building	Only Students: Birthdate		retaker relative? Yes No	Foste Child	
mber: "Anyone who is g with you and shares	1									
ome and expenses, n if not related."	2								apply	
dren in Foster care children who meet the nition of Homeless ,	3								k all that	
rant or Runaway are ble for free meals. Read	4								S C C	
to Apply for Free and uced Price School s for more information.	5									
stormore information.										
EP 2 Do any H	ousehold Members (including you)	curren	tly participate in one or more of the f	following assis	tance programs: SNAP	(Food Stan	np) or TA	NF?		
	If NO > Go to STEP 3.	If	YES > Write a case number here then go to ST	EP 4 (Do not comp	olete STEP 3)	Case Num	ber: / /	111	1 1	1 1
			-				Write or	nly one case no	ımber in th	nis space.
EP3 Report	Income for ALL Household Memb	oers (S	kip this step if you answered Yes to STE	P 2)						
a you unsure what do here? case read How Apply for Free d Reduced Price hool Meals for the information. ce Sources of the come for Children ction will help unwith the Child the come question. ce Sources of the sources of the come for Adults ction will help you help will help you help will help you help will help will help you help will be	in household listed in STEP 1 here. B. All Adult Household Members (i ll List all Household Members not listed in STE	s La Pr	uding yourself) even if they do not receive incource in whole dollars (no cents) only. If they do no How often? arnings from Work Weekly Every 2 Wks 2x Month Monthly Weekly Every 2 Wks 2x Month Monthly	Public Assistance Child Support/Alii \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	sehold Member listed, if they do om any source, write '0'. If you e	enter '0' or leave	e, report tota e any fields b ions/Retirement her Income	lank, you are	tow often?	g Month Monthly O O O O O O O O O O O O O
	•		nderstand that this information is given in connection with	n the receipt of Federa	I funds, and that school officials may	verify (check) the				
rmation, my children ma	ly lose meal benefits, and I may be prosecuted under app	plicable S	ate and Federal laws."							
nted name of adult completing the form		L	gnature of adult completing the form		Today's date					
t Address (if available)		C	ty State	Zip	Daytime Phone					

STEP 5	Other Benefits – This secti	on does not need to be completed to	receive free or re	duced price meal benefits	s.	
Oo you want to receive Textbook Assistance ? Yes 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.				
○ No	in yes, sign to the right				□ Not Applicat	
0		Signature of adult completing the form		Today's date		
	want the application information share	y and Social Services Administration for the purpod for this purpose, please sign below. I certify I am		he child(ren) for whom application For information abou		elease of
Signature of ad	dult completing the form	Today's date				
OPTIONAL	Children's Racial and Ethnic	: Identities				
	ask for information about your children's ren's eligibility for free or reduced price m	race and ethnicity. This information is important and eals.		re fully serving our community. Resp	onding to this section is optional	and does
Ethnicity (check of	ne):	Race (check or	ne or more):			
Hispanic or	Latino	American Indian or Alaskan Native		waiian or Other Pacific Islander		
Not Hispanio	or Latino	Asian	☐ White			
Not inspanie	o Latino	Black or African American				
DPIR identifier for loss not have a soon reduced price me hare your eligibility letermine benefits fook into violations on accordance with folicies, this instituti	your child or when you indicate that the a cial security number. We will use your info cals, and for administration and enforceme information with education, health, and n or their programs, auditors for program re of program rules. federal civil rights law and U.S. Departme on is prohibited from discriminating on the	dian Reservations (FDPIR) case number or other dult household member signing the application immation to determine if your child is eligible for free ent of the lunch and breakfast programs. We MAY utrition programs to help them evaluate, fund, or views, and law enforcement officials to help them int of Agriculture (USDA) civil rights regulations and a basis of race, color, national origin, sex (including risal or retaliation for prior civil rights activity.	Discrimination Complain at: https://www.usda.gov 17Fax2Mail.pdf, from an letter must contain the codiscriminatory action in and date of an alleged comail: U.S. Department of SW, Washington, D.C. 2		OASCR%20P-Complaint-Form-09992, or by writing a letter addres one number, and a written descript Secretary for Civil Rights (ASCI D-3027 form or letter must be sub Secretary for Civil Rights, 1400 Ir	2508-0002-508-11-28 sed to USDA. The vition of the alleged R) about the nature smitted to USDA by: ndependence Avenue
		FOR SCHOOL USE ONLY -		THIS LINE		4
	WEEKLY X 52	EVERY 2 WEEKS X 26	VERSION to YEARLY: TWICE A M	MONTH X 24	MONTHLY X 12	-
OR Cat Eligibilit Reason Type of	Eligibility: Total Household Size: tegorical Eligibility: □ Food Stamps/TANF ty Determination: □ Approved Free □ A in for Denial: □ Income Too High □ Inco if Eligibility Notification Provided (if denied tree of Determining Official:	Total Income:\$ per:	Foster Date:	Month □ Monthly □ Yearly Date Withdrawn:		
Confirm	nation Review Official:		Direct Verified? Yes □ N	lo 🗆		
Date Ve	erification Notice Sent: esponse Due from Households: econd Notice Sent (or N/A):	Approval Based On: □ Food Stamps / TANF Case Number □ Household Size and Income	Verification Results: No Change Free to Reduced Free to Paid Reduced to Free	Reason for Change: Income:	Date Notice of Change Sent: Date Change Made:	
	(3. 10. 1)	□ Other	☐ Reduced to Free	□ Other:		⁻
Date H	st for Appeal learing Requested: g Decision:	Verifying Official's Signature:		Date:		