

Dear Parent/Guardian:

Children need healthy meals to learn. Guerin Catholic offers healthy meals every school day. The breakfast regular price is \$2.25; lunch is \$3.65. 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 get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get 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: Steve Hood at the Business Office or drop it off in the cafeteria.
3. **Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at 317-582-0120 x252 if you have questions.
4. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
5. **Can migrant, homeless, or runaway children get free meals?** Please call Steve Hood (school migrant coordinator or homeless liaison) to see if your children qualify, if you have not been informed that they will get free meals.
6. **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.
7. **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). You must include yourself and all children who live with you.
8. **Will the information I give be checked?** Yes, we may ask you to provide written proof.
9. **What if my income is not always the same?** List the amount that you normally get. 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 not if you get it only sometimes.
10. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
11. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps or TANF. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
12. **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 Rick Wagner, 15300 Gray Rd., Noblesville, IN 46062

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Steve Hood, 15300 Gray Rd., Noblesville, IN 46062 317-582-0120 x252..

If you have other questions or need help, call 317-582-0120.
Si necesita ayuda, por favor llame al teléfono: 317-582-0120.
Si vous voudriez d'aide, contactez nous au numero: 317-582-0120.

Sincerely,



Steve Hood, Director of Business and Facilities

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 Second Notice Sent (or N/A): _____				
Date Hearing Requested: _____	Verifying Official's Signature: _____			
Hearing Decision: _____	Date: _____			

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 each child. **EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.**
2. In Part 2, check the appropriate box, if any.
3. Skip Parts 3 and 4 - unless some children do not get Food Stamps or TANF.
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. Skip Parts 1, 2, and 4.
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, 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

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART FOR SCHOOL YEAR 2009-2010				
Household Size	Yearly	Monthly	BiWeekly	Weekly
1	\$20,036	\$1,670	771	\$ 386
2	26,955	2,247	1,037	519
3	33,874	2,823	1,303	652
4	40,793	3,400	1,569	785
5	47,712	3,976	1,836	918
6	54,631	4,553	2,102	1,051
7	61,550	5,130	2,368	1,184
8	68,469	5,706	2,634	1,317
For each additional person:	+ 6,919	+ 577	+ 267	+ 134

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.

St. Theodore Guerin High School

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
Examples: \$100/month or \$100/biweekly or \$100/weekly

NAME (Example) Jane Smith	Earnings from Work Before Deductions \$ 200	Welfare Payments, Child Support, Alimony \$ 150				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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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 _____
Signature Of Adult Household Member Social Security Number 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 DATE	SCHOOL USE ONLY: Approved Denied Not Applicable
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*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.

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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	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 Response Due from Households: _____	Household Size and Income			Date Change Made: _____
Date Second Notice Sent (or N/A): _____	Other _____			
Date Hearing Requested: _____		Verifying Official's Signature: _____		
Hearing Decision: _____		Date: _____		