



## LETTER TO PARENTS FOR FREE OR REDUCED-PRICE MEALS AND OTHER BENEFITS

Dear Parent or Guardian:

August 2009

Children need healthy meals to learn. The School City of Hammond offers healthy meals every day. Students in grades K-5 may buy lunch for \$1.60; students in grades 6-12 may buy lunch for \$1.90. Breakfast is available in all schools for \$1.00. Your children may qualify for free meals or for reduced-price meals. Reduced-price is 40 cents for lunch and 30 cents for breakfast.

To apply for free or reduced-price meals, use the Free or Reduced-price School Meals and Other Benefits Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.

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	

Here are answers to questions you may have about applying:

- **Who can get free or reduced-price meals?** Children in households getting 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.
- **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 the school.
- **Should I fill out an application if I got a letter this school year saying my children have been approved for free or reduced-price meals?** Please read the letter carefully and follow the instructions. Call the school if you still have questions.
- **How do I fill out an application if I have foster children?** Each foster child should be listed on a separate application. If you have your own children in addition to foster children, each foster child should be listed on a separate application and the rest of your children should be on one application.
- **Can migrant, homeless or runaway children get free meals?** If you have not been informed that they will get free meals, please call Mrs. Peggy Dellahoussaye-Harrington at (219) 933-2455 for migrant children or Ms. Jerutha Lay at (219) 989-3950 ext. 3530 for homeless or runaway children to see if your children qualify.

*Board of School Trustees*

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## ANSWERS TO OTHER QUESTIONS YOU MAY HAVE ABOUT APPLYING

**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.

**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.

**Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.

**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.

**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.

**We are in the military; do we include our housing allowance as income?** If your housing allowance 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.

**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.

**What if I disagree with the school's decision about my application?** Please call the school and ask to speak with the principal.

**Can I appeal the school's decision?** If you do not agree with the school's decision on your application or the result of verification, you have the right to a fair hearing. This can be done by calling or writing the following official: Mr. Will Wraggs, 41 Williams St., Hammond, IN 46320 (219) 933-2400 ext. 1070.

**Will my children be treated differently because they get free or reduced-price meals or milk?** No. Your children will not be identified or treated differently from children who pay full price for meals.

**What if some of my children get Food Stamps or TANF and others don't?** On the application, fill out the part listing Food Stamp or TANF case numbers for those children who get them. Fill out the part giving the names of all household members and the income each got last month. Under "Income" include the TANF payments your household gets, but not the values of the Food Stamps. Sign the application and give your Social Security Number.

**If I no longer get Food Stamps or TANF, can I list my old case number?** No. Only current Food Stamp or TANF case numbers can be used on this application.

**May I use my EBT number to get free meals?** No. You must use your current Food Stamp case number. Contact your caseworker if you do not know your number.

In order to receive Textbook Assistance Benefits, applications must be received prior to September 30, 2009. Applications to qualify for Free or Reduced-price Meals can be obtained any time throughout the school year.

You will be notified when the application is approved or denied.

If you have any other questions or need help, please call the school.

Sincerely,

Principal

# APPLICATION FOR BENEFITS INSTRUCTIONS

To apply for free meals or reduced-price meals, complete this application using the instructions below, sign your name and return the application to the school. If you need help, call the school.

## **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 numbers 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 unless some children do not get Food Stamps or TANF.
5. Part 6 and Part 7 are optional for meal 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 meal benefits.

**ALL OTHER HOUSEHOLDS:** Including WIC households.

1. Part 1, list each enrolled child (attach another sheet of paper with additional enrolled children if you need to).
2. 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 meal benefits.

**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 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.

**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.

**PLEASE NOTE:** If you are also applying for Textbook Assistance there are specific things that you must be sure to complete in addition to the required items for meal benefits: 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), grade, and check if you are applying for textbook assistance and sign under Other Benefits.

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

**INCOME TO REPORT:**

Earnings From Work

Wages/salaries/tips  
Strike benefits  
Unemployment compensation  
Workman’s compensation  
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions  
Retirement income  
Social Security  
Veteran payments  
Supplemental Social Security Income

Welfare/Child Support/Alimony

Public assistance payments  
Welfare payments  
Alimony payments  
Child support payments

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



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.

<b>Part 7. RACE AND ETHNICITY:</b> 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
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**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**

<b>ANNUAL INCOME CONVERSION:</b>			
WEEKLY INCOME X 52	BIWEEKLY X 26	TWICE A MONTH X 24	MONTHLY INCOME X 12

**ELIGIBILITY DETERMINATION**

Income Eligibility: Total Household Size: _____ Total Income: \$ _____ per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual
OR Categorical Eligibility: <input type="checkbox"/> Food Stamp <input type="checkbox"/> TANF <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway
Eligibility Determination: <input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced price <input type="checkbox"/> Denied
Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other(Reason) _____
Temporary: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Time Period: _____ (expires after _____ days)
Signature of Determining Official: _____ Date: _____
Date Withdrawn: _____

**VERIFICATION**

Confirmation Review Official: _____				
Date Verification Notice Sent: _____  Date Response Due from Households: _____  Date Second Notice Sent (or N/A): _____	Approval Based On: <input type="checkbox"/> Food Stamp/ 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 Stamp/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	Date Notice of Change Sent: _____  Date Change Made: _____
Date Hearing Requested: _____		Verifying Official's Signature: _____		
Hearing Decision: _____		Date: _____		