

LETTER TO PARENTS FOR SCHOOL MEALS AND/OR TEXTBOOK ASSISTANCE

Dear Parent or Guardian:

2007-08 School Year

Children need healthy meals to learn. Rising Sun-Ohio County Community Schools offers healthy meals every school day. The breakfast regular price is \$.75; lunch is \$1.75 for Kindergarten through grade 3 and \$1.90 for grades 4 through 12. Your children may qualify for free meals or reduced meals at \$.40 for lunch and \$.30 for breakfast.

1. **Who can get free or reduced price school meals?** Children in households getting Food Stamps or TANF and most foster children can get free or reduced price meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free and reduced-priced 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: Rising Sun-Ohio County Community School Corporation, 110 Henrietta Street, Rising Sun, Indiana 47040 (Phone: (812) 438-2655).
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 (812) 438-2655 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 priced meals. Please fill out an application.
5. **Can migrant, homeless, or runaway children get free meals?** Please call the school at (812) 438-2655 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 send 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-priced 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: Stephen Patz, Superintendent of Rising Sun-Ohio County Community Schools, 110 Henrietta Street, Rising Sun, Indiana 47040 Phone # (812) 438-2655
13. **We cannot approve an application that is not complete**, so be sure to fill out all required information. Return the completed application to: Rising Sun-Ohio County Community Schools, 110 Henrietta Street, Rising Sun, Indiana 47040

If you have other questions or need help, call (812) 438-2655.

Sincerely,
Stephen Patz,
Superintendent

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.**
1. In Part 2, check the appropriate box, if any.
2. Skip Parts 3 and 4 - unless some children do not get Food Stamps or TANF.
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.

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 (Y) in the box.
5. Part 5. An adult must sign the application and list his/her Social Security number, or put a checkmark (Y) 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 2007-2008			
	Household Size	Yearly	Monthly	Weekly
	1	\$18,889	\$1,575	\$ 364
	2	25,327	2,111	488
	3	31,765	2,648	611
	4	38,203	3,184	735
	5	44,641	3,721	859
	6	51,079	4,257	983
	7	57,517	4,794	1,107
	8	63,955	5,330	1,230
	For each additional person:	+6,438	+537	+124

OTHER BENEFITS: Put a checkmark (Y) 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 – Enrollment in the Twenty-first Century Scholars program is open to eligible 7th and 8th graders. For students who successfully complete the program, the Twenty-first Century Scholarship will pay regular tuition at a public college in Indiana or partial tuition at an independent college or proprietary institution in Indiana.

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 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.

Rising Sun-Ohio County Community School Corporation	6080
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 Stamp Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				
	YES - NO				
	YES - NO				
	YES - NO				

If ALL above children are Food stamp 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

NAME OF CHILD (First Name, Middle Initial, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTHDATE	SCHOOL	GRADE	TANF or Food Stamp 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>Example: \$100/month or \$100/twice a month or \$100/biweekly or \$100/weekly</i>				
NAME	Earnings from Work Before Deductions	Welfare Payments, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income Received	Check if NO income
(Example) Jane Smith	\$300 / week	\$150 / biweekly		\$200 / month	
1.	\$ /	\$ /	\$ /	\$ /	
2.	\$ /	\$ /	\$ /	\$ /	
3.	\$ /	\$ /	\$ /	\$ /	
4.	\$ /	\$ /	\$ /	\$ /	
5.	\$ /	\$ /	\$ /	\$ /	
6.	\$ /	\$ /	\$ /	\$ /	
7.	\$ /	\$ /	\$ /	\$ /	
8.	\$ /	\$ /	\$ /	\$ /	

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	X _____ - _____ - _____ 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.

Do you want to receive textbook assistance? YES* NO	Check here if you want to receive this information. Twenty-first Century Scholars (7 th & 8 th grade only) 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 to the programs I have checked. I give up my right of confidentiality for these purposes 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.

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 Food Stamp 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 (TDD). USDA is an equal opportunity provider and employer.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION:

WEEKLY INCOME X 52 BI WEEKLY X 26 TWICE A MONTH X 24 MONTHLY INCOME X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____	Total Income:\$ _____	per: Week	Month	Annual
OR Categorical Eligibility: Food Stamp	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:	Verification Results:	Reason for Change:	Date Notice of Change Sent: _____
Date Response Due from Households: _____	Food Stamp/ TANF Case Number	No Change	Income: _____	Date Change Made: _____
Date Second Notice Sent (or N/A): _____	Household Size and Income	Free to Reduced Free to Paid	Household Size: _____	
	Other _____	Reduced to Free Reduced to Paid	Change in Food Stamp/TANF	
			Did not respond	
			Other: _____	

Date Hearing Requested: _____

Verifying Official's Signature: _____

Hearing Decision: _____

Date: _____