

**Concordia Lutheran High School  
2019-2020 Household Application for Free and Reduced Price School Meals**  
Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Student?		Only Students: Name of School Building		Only Students: Birthdate		Living with parent or caregiver relative?		Homeless, Migrant, Runaway	
	Yes	No		Grade	Yes	No	Yes	No	Foster Child	
1	<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"/>
3	<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"/>
5	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

IF NO > Go to STEP 3. IF YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number: 1111111111 Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what to do here? Please read How to Apply for Free and Reduced Price School Meals for more information.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in household listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income, report total (gross) income before any taxes or deductions for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Retirement/All Other Income		Child Income		How often?	
	Weekly	Every 2 Wks	2x Month	Monthly	Weekly	Every 2 Wks	2x Month	Monthly	Weekly	Every 2 Wks
1										
2										
3										
4										
5										

Total Household Members (Children and Adults)  X  X  X  X  Check if no SSN

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

**STEP 4** Contact information and adult signature. Mail Completed Form To: 1601 St. Joe River Drive, Fort Wayne, IN 46805

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Printed name of adult completing the form: \_\_\_\_\_ Today's date: \_\_\_\_\_

Signature of adult completing the form: \_\_\_\_\_ Daytime Phone and Email (optional): \_\_\_\_\_

Street Address (if available): \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**STEP 5 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  
 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.

Signature of adult completing the form

Today's date

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.

For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

Signature of adult completing the form

Today's date

**OPTIONAL Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**

Hispanic or Latino  
 Not Hispanic or Latino

**Race (check one or more):**

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of 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), 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410  
 (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
 fax: \_\_\_\_\_  
 This institution is an equal opportunity provider.

FOR SCHOOL USE ONLY: DO NOT WRITE BELOW THIS LINE  
 INCOME CONVERSION TO YEARLY:

WEEKLY X 52	EVERY 2 WEEKS X 26	MONTHLY X 12
_____	_____	_____

**ELIGIBILITY DETERMINATION**

Income Eligibility: Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per: \_\_\_\_\_

OR Categorical Eligibility: Food Stamps/TANF \_\_\_\_\_ Migrant \_\_\_\_\_ Homeless \_\_\_\_\_ Runaway \_\_\_\_\_ Foster \_\_\_\_\_

Eligibility Determination: Approved Free \_\_\_\_\_ Approved Reduced Price \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial: Income Too High \_\_\_\_\_ Incomplete Application \_\_\_\_\_ Other \_\_\_\_\_

Type of Eligibility Notification Provided (if denied, notification must be written): Verbal \_\_\_\_\_ Written \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

**VERIFICATION**

Confirmation Review Official: \_\_\_\_\_ Application Direct Verified? Yes No

Date Verification Notice Sent: \_\_\_\_\_ Approval Based On: Food Stamps / TANF Case Number

Date Response Due from Households: \_\_\_\_\_ Household Size and Income

Date Second Notice Sent (or N/A): \_\_\_\_\_ Other \_\_\_\_\_

Verification Results: No Change \_\_\_\_\_ Free to Reduced \_\_\_\_\_ 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: \_\_\_\_\_

Requests for Appeal: \_\_\_\_\_

Date Hearing Requested: \_\_\_\_\_

Hearing Decision: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Use Only  
 Approved  
 Denied  
 Not Applicable