

Dear Parent/Guardian:

Children need healthy meals to learn. North Harrison Community Schools offers healthy meals every school day. The breakfast regular price is \$1.50; lunch is \$2.05 for Grades K-5 \$2.15 for Grades 6-8 and \$2.35 for Grades 9-12. 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?** All children in households receiving Food Stamps or TANF 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: North Harrison Schools, C/O Kathy Chinn, 1070 Highway 64 NW, Ramsey, IN 47166. 812-347-3905.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the school at 812-347-3905 if you have questions.
6. **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.
7. **Can migrant, homeless, or runaway children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail North Harrison Schools, Shannan Murphy, Health Services Coordinator at 812-347-3941 to see if they qualify.
8. **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.
9. **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) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who do not support, who do not share income with you or your children, and who pay a pro-rate share of expenses), do not include.
10. **Will the information I give be checked?** Yes, we may ask you to provide written proof.
11. **What if my income is not always the same?** List the amount that you normally receive. 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 do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. **We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
13. **My spouse is deployed to a combat zone. Is her/his combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
14. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
15. **My family needs more help. Are there other programs available?** To find out how to apply for food stamps or other assistance benefits, contact your local assistance office.
16. **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 Lance Richards, Assistant Superintendent, NHCS, PO Box 8, Ramsey, In 47166, 812-347-3902, lrichards@nhcs.k12.in.us.

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: North Harrison Schools, C/O Kathy Chinn, 1070 highway 64 NW, Ramsey, In 47166.

If you have other questions or need help, call 812-347-3905.

Si necesita ayuda, por favor llame al teléfono: 812-347-3905.

Si vous voudriez d'aide, contactez nous au numero: 812-347-3905.

Sincerely,

North Harrison Community School Corporation

# INSTRUCTIONS for APPLYING

## **Households getting TANF or Food Stamps:**

1. In Part 1, list each enrolled child, include the TANF or Food Stamp case number for any child, and the name of the school.  
**EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.**
2. In Part 2, enter the name and case number of any other household member who has a valid TANF or Food Stamp case number.
3. In Part 3, check the appropriate box, if any.
4. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.
5. Part 6 and Part 7 are optional for meal benefits.

## **Migrant, Homeless, or Runaway:**

1. In Part 1, list each enrolled child which are homeless, migrant, or runaway and the name of the school.
2. In Part 3, check the appropriate box and contact the school's homeless liaison or migrant coordinator.
3. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.
4. Part 6 and Part 7 are optional for meal benefits.

## **Foster Child:**

### **If all children in the household are foster children:**

1. In Part 1, list each enrolled foster child and the school name for each child. Check the box indication the child is a foster child.
2. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.
3. Part 6 and Part 7 are optional for meal benefits.

### **If some of the children in the household are foster children:**

1. In Part 1, list each enrolled child, include the TANF or Food Stamp case number for any child with a case number, and the name of the school. Check the box if the child is a foster child.
2. In Part 2, enter the name and case number of any other household member who has a valid TANF or Food Stamp case number.
3. In Part 3, check the appropriate box and contact the school's homeless liaison or migrant coordinator for any listed child which are homeless, migrant, or runaway.
4. If no one in the household has a valid TANF or Food Stamp case number, in Part 4 list everyone related or unrelated living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if you need to.
  - a. For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions, from people who do not live in your household, and any other income. Do not include income from SNAP, FDIR, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings From Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. If you have no income, put a checkmark (✓) in the box.
5. In Part 5, an adult household member must sign the form, and if income information was provided, the adult household member must provide the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
6. Part 6 and Part 7 are optional for meal 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 unrelated living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if you need to.
  - a. For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Do not include income from SNAP, FDIR, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings From Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. If you have no income, put a checkmark (✓) in the box.

## **INCOME TO REPORT:**

Earnings from Work Before Deductions

Social Security

Veteran payments

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

Supplemental Social Security Income  
 All 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

4. Part 5. An adult must sign the application and list the last four digits his/her Social Security number, or put a checkmark (✓) in the box if you have no social security number.
5. Part 6 and Part 7 are optional for meals benefits

|   |                             | FEDERAL INCOME CHART<br>FOR SCHOOL YEAR 2011-2011 |         |                 |                 |        |
|---|-----------------------------|---|---------|-----------------|-----------------|--------|
| Household Size  |                             | Yearly  | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart. | 1.....                      | 20,147  | 1,679   | 840             | 775             | 388    |
|   | 2.....                      | 27,214  | 2,268   | 1,134           | 1,047           | 524    |
|   | 3.....                      | 34,281  | 2,857   | 1,429           | 1,319           | 660    |
|   | 4.....                      | 41,348  | 3,446   | 1,723           | 1,591           | 796    |
|   | 5.....                      | 48,415  | 4,035   | 2,018           | 1,863           | 932    |
|   | 6.....                      | 55,482  | 4,624   | 2,312           | 2,134           | 1,067  |
|   | 7.....                      | 62,549  | 5,213   | 2,607           | 2,406           | 1,203  |
|   | 8.....                      | 69,616  | 5,802   | 2,901           | 2,678           | 1,339  |
|   | For each additional person: | +7,067  | +589    | +295            | +272            | +136   |

**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 NSLP. The information will only be used for the programs you have marked on the application.

**Textbook Assistance**

–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.**

**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.