STEP 2 STEP 3 Complete one application per household. Please use a pen (not a pencil) Name of Adult Household members (First and Last) A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.) 8 Child's First Name STEP 1 2024-2025 Household Application for Free and Reduced Price School Meals Mailing Address (if available) 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." "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 (confirm) List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household. Print Name of Adult Signing the Form 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. List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and œ Ust ALL children. Infants, and students up to and including grade 12. Attach another sheet of paper it you need space for more names. Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here. Child Income → Go to STEP 3. List ALL household members and income for each member (before taxes and deductions) Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Do any household members (including you) participate in: SNAP or TANE? Total Number of Household Members (Children and Adults) ₹ from Work Earnings 贸 Child's Last Name Child Income → Write case number here and proceed to STEP 4. Instructions for each step including income examples can be found on the Parent Letter and Instructions page Every 2 Weeks Ş Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) 1/onth Check all that apply. Annual Signature of Adult: Foster CASE NUMBER (NOT EBT NUMBER): State Public Assistance, Child Support, ďρ Address: 7410 N County Rd 1000 East Brownsburg, IN 46112 Apply Online: Return to: St Malachy Catholic School ATTN: Lindsay Rawski Runaway How often received? 2x Month Every 2 Weeks Homeless How often received? Month Phone (optional) ķ Only for Students Monthly Write only 10-digit case number in this space. Name of School Building Check if no Social Security Number: Social Security, SSI, VA Benefits, All Other Retirement, Annual bed by State Board of Accounts School Form No. 521/2024 Email (Optional) Weekly Today's Date Birthdate Every 2 Weeks ☐ <u>Mag</u> × iving with parent or Ύes caretaker relative? Š

ation Complaint Form -Form-0508-0002-508-11-28- st contain the complainant's form the Assistant Secretary for ust be submitted to USDA by:	To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.usda.gov/sites/decambents/documents/USDA-QASCR%20P-Complaint-Form-0508-0002-508-11-28-11-</th><th>ould complete s./defauit/files/
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cies, this institution is prohibited plisability, age, or reprisal or Persons with disabilities who require ign Language), should contact the dd TTY) or contact USDA through the	The contact information below is solely to file a complaint of discrimination In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin. The contact management of the property of the program information may be made available in languages other than English, Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.	discrimination t of Agriculture t of emade ava ay be made ava nation (e.g., Bra) n or USDA's TARO	file a complaint of d.U.S. Departmen or, national origina ram information m ain program inform iisters the program	elow is solely to civil rights law are basis of race, cold into activity. Programming activity, and activity of the activity.	The contact information below is solely to file a complaint of discrimination in accordance with federal civil rights law and U.S. Department of Agriculture from discriminating on the basis of race, color, national original retailation for prior civil rights activity. Program information may be made awa alternative means of communication to obtain program information (e.g., Bra responsible state or local agency that administers the program or USDA's TARK Federal Relay Service at (800) 877-8339.	s Diete ms to also usehold	Use of Information Statement The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for	ires that we use ice meals. We conducation, health Inspectors and Inspectors and Isre met. Thave one, 'Che ist a Social Security on the social Security of the	Lunch Act requi a or reduced pri ormation with e our household. program rules a umbers of the S a dunt does no do not need to l	Ement onal School I liffes for free eligibility info benefits to yo ke sure that r ke sure that r ine last four nu lication. If the foster child o	ation State ussell Nation ussell Nation we who qua thare your of r program of to mal provide th provide th provide th provide th	Use of Information Statement The Richard B. Russell National School Lunch Act requires that application to see who qualifies for free or reduced price mea forms. We may share your eligibility information with education help them deliver program benefits to your household. Inspect use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Se member who signs the application. If the adult does not have a Number'. Applications for a foster child do not need to list a So
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	Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.	of the Assistar	riculture Office	artment of Agi	ications to the U.S. Dep	mpleted app	ail, fax, or email co	ol. *Do <u>not</u> m	ır child's scho	orm to you	mpleted f	Return this co
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id or H oosier Healthwise . It ion for this purpose.	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, 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 1-866-408-6131.	for free or low n is being mad	who may qualify whom applicatio	fying children w child(ren) for v	for the purpose of identine parent/guardian of the	dministration certify I am the continuation to the continuation of	This application information may be shared with the Family and Social Services Adr you want the application information shared for this purpose, please sign below. I cay or information about Hoosier Healthwise health insurance, call 1-866-408-6131.	the Family and his purpose, pu	e shared with n shared for the althwise heal	tion may be information toosier He	n informat pplication n about h	This application you want the a For informatic
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School Use Unity: Approved Denied	Information on this application for textbook assistance. I give up my ight 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.	or this purpose and I.C. 12-14	on is being made. of confidentiality f t to I.C. 20-33-5-2	wnom appricant ive up my right c stration pursuan	or textbook assistance. I g	tie paleitygu is application f idiana Family a ts 260 and 265	information on this application from the with the Indiana Family a with 45 C.F.R. Parts 260 and 265	ξ	ok Assistance nt →	ant to receive Textbook As If ves. sign to the right →	to receiv	Do you want to receive Textbook Assistance? ☐ YES If yes, sign to the right →
				its.	SHP 5 Other Benefits. This section does not need to be completed for exceive free or reduced price meal benefits.	eive free or re	e completed to rec	not peed to be	section does	efits-This s)ther Ben	STEP 5

Return completed form to your child's school.

* MAIL:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: EMAIL:

(833) 256-1665 or (202) 690-7442;or * Do not mail applications to <u>Program.intake@usga.gov</u> this address, only complaints of discrimination.

This institution is an equal opportunity provider.