

# St. Peter's Lutheran School 2023-2024 Household Application for Free and Reduced Price School Meals

Prescribed by State Board of Accounts  
School Form No. 521/2017

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.

Child's First Name	MI	Child's Last Name	Student?		Only Students: Name of School Building	Only Students: Birthdate	Only Students: Grade	Living with parent or caretaker relative?		Foster Child	Homeless, Migrant, Runaway
			Yes	No				Yes	No		
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: / / / / / / / / / /

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.

The **Sources of Income for Children** section will help you with the **Child Income** question.

The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

### 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.

Child income \$

How often?  
 Weekly  Every 2 Wks  2x Month  Monthly

### 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 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	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly		Weekly	Every 2 Wks	2x Month	Monthly
1	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)

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

Check if no SSN

## STEP 4 Contact information and adult signature. Mail Completed Form To: 719 Fifth Street, Columbus, IN 47201

"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

Signature of adult completing the form

Today's date

Street Address (if available)

City

State

Zip

Daytime Phone and Email (optional)

**STEP 5**

**Other Benefits – This section does not need to be completed to receive free or reduced price meal benefits.**

→		
		<p><b>For information about Hoosier Healthwise health insurance, call 1-800-889-9949.</b></p>
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
- Native Hawaiian or Other Pacific Islander
- Asian
- 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:

mail: 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)  
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	TWICE A MONTH X 24	MONTHLY X 12
ELIGIBILITY DETERMINATION			
Income Eligibility: Total Household Size: _____ Total Income:\$_____ per: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Yearly			
OR Categorical Eligibility: <input type="checkbox"/> Food Stamps/TANF <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Foster			
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 _____			
Type of Eligibility Notification Provided (if denied, notification must be written): <input type="checkbox"/> Verbal <input type="checkbox"/> Written Date: _____			
Signature of Determining Official: _____		Date: _____ Date Withdrawn: _____	
VERIFICATION			
Confirmation Review Official: _____ Application Direct Verified? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date Verification Notice Sent: _____	Approval Based On: <input type="checkbox"/> Food Stamps / TANF Case Number	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 Stamps /TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____
Date Response Due from Households: _____	<input type="checkbox"/> Household Size and Income		Date Notice of Change Sent: _____
Date Second Notice Sent (or N/A): _____	<input type="checkbox"/> Other _____		Date Change Made: _____
Request for Appeal Date Hearing Requested: _____ Hearing Decision: _____		Verifying Official's Signature: _____ Date: _____	

Dear Parent/Guardian:

Children need healthy meals to learn. St. Peter’s Lutheran School offers healthy meals every school day. Breakfast costs **\$1.25**; lunch costs **\$3.50**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$.30** for breakfast and **\$.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from SNAP (Food Stamps) or TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-24			
Household size	Yearly	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	+9,509	+793	+183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please call or e-mail Mrs. Staci Schiefer, 719 5th St. Columbus IN 47201.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Free and Reduced Price School Meals 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 Lisa Garrison, 719 5th St. Columbus IN 47201, (812)372-5266.

4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Lisa Garrison, 719 5th St. Columbus IN 47201, (812)372-5266, lgarrison@stpeters-columbus.org
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. You must send in a new application unless the school told you that your child is eligible for the new school year. **If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price of meals.**
6. SHOULD I FILL OUT AN APPLICATION IF MY CHILDREN RECEIVED FREE OR REDUCED MEALS AT THEIR PREVIOUS SCHOOL? If it is the beginning of the school year and you have not been notified that your children will receive free or reduced meals for the upcoming year, you will need to fill out an application. If your children transferred during the school year and they were receiving free or reduced meals at the previous school, contact Lisa Garrison, 719 5th St. Columbus IN 47201, (812)372-5266, lgarrison@stpeters-columbus.org immediately.
7. 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 send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? **Yes.** We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY 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.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Mr. Paul Meredith, 719 5th St. Columbus IN 47201, pmeredith@stpeters-columbus.org
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$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.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Lisa Garrison, 719 5th St. Columbus IN 47201, (812)372-5266, lgarrison@stpeters-columbus.org immediately to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call **1-800-403-0864**.
17. If you have other questions or need help, call Lisa Garrison, (812)372-5266

Sincerely,

*Lisa Garrison*

## HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please Lisa Garrison, 719 5th St. Columbus IN 47201, (812)372-5266, lgarrison@stpeters-columbus.org

**Please use a pen (not a pencil) when filling out the application and do your best to print clearly.**

### **STEP 1 LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD**

Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.

**Who should I list here?** When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) St. Peter's Lutheran School

<p><b>A) List each child's name.</b> Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.</p>	<p><b>B) Is the child a student?</b> If yes, write the grade level of the student in the "Grade" column. For these students, also complete the "Only for Students" section including the name of the school building, birthdate, and whether the student is living with the parent or caretaker.</p>	<p><b>C) Do you have any foster children?</b> If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing <b>STEP 1</b>, go to <b>STEP 4</b>. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</p>	<p><b>D) Are any children homeless, migrant, or runaway?</b> If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u> Homeless, Migrant, Runaway <u>status must be confirmed</u> with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</p>
--	--	---	--

### **STEP 2 DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?**

**If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:**

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).

<p><b>A) If no one in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Leave <b>STEP 2</b> blank and go to <b>STEP 3</b>.</li> </ul>	<p><b>B) If anyone in your household participates in any of the above listed programs:</b></p> <ul style="list-style-type: none"> <li>• Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-800-403-0864.</li> <li>• Go to <b>STEP 4</b>.</li> </ul>
---	---

**STEP 3 REPORT INCOME FOR ALL HOUSEHOLD MEMBERS**

**How do I report my income?**

- Use the charts titled **“Sources of Income for Adults”** and **“Sources of Income for Children,”** to determine if your household has income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor’s Benefits	- A child is blind or disabled and receives Social Security benefits -A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business)  If you are in the U.S. Military:  - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing)	- Unemployment benefits - Worker’s compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran’s benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments

	allowances) - Allowances for off-base housing, food and clothing		from outside household	
--	---	--	------------------------	--

- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
  - Gross income is the total income received **before** taxes and deductions.
  - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

### 3-A. REPORT INCOME EARNED BY ADULTS

#### Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
  - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
  - Infants, Children and students already listed in **STEP 1.**

**1) List adult household members’ names.**  
Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in STEP 1.

**2) List earnings from work.** Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.

**3) List income from public assistance/child support/alimony.** Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

	<ul style="list-style-type: none"> <li>• <b>What if I am self-employed?</b> Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</li> </ul> <p>If a child listed in <b>Step 1</b> has income, follow the instructions in <b>Step 3, Part B.</b></p>	
<p><b>4) List income from pensions/retirement/all other income.</b> Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.</p> <p><b>What if I receive income from multiple sources in this category?</b> List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.</p>	<p><b>5) List total household size.</b> Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number <b>MUST</b> be equal to the number of household members listed in <b>STEP 1</b> and <b>STEP 3</b>. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p>	<p><b>6) Provide the last four digits of your Social Security Number.</b> An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no Social Security Number.”</p>

**3-B. REPORT INCOME EARNED BY CHILDREN**  
**Report all income earned or received by children.** Report the combined gross income for ALL children listed in **STEP 1** in your household in the box marked “child income.” Only count foster children’s income if you are applying for them together with the rest of your household.

- **What is child income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

**STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE**

*All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.*

<p><b>A) Provide your contact information.</b> Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p><b>B) Print and sign your name.</b> Print the name of the adult signing the application and that person signs in the box “Signature of Adult.”</p>	<p><b>C) Mail Completed Form to:</b></p> <p><b>St. Peter’s Lutheran School</b>  <b>719 Fifth Street</b>  <b>Columbus, IN 47201</b>  <b>Attn: Food Service Department</b></p>
---	---	--

**STEP 5: OTHER BENEFITS – OPTIONAL**



The following sections are optional and do not affect your children’s eligibility for free or reduced price school meals.

**A) Hoosier Healthwise Disclosure**

If you want to share your child’s free/reduced eligibility in order to qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise, sign and date this section.

**B) Share children’s racial and ethnic identities (optional).** On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act.

**Please return the application directly to your child’s SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child’s eligibility for free or reduced-price meals will be delayed.**