



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

**Use of Information 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 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.

**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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

**FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

INCOME CONVERSION to YEARLY:		WEEKLY INCOME X 52
EVERY 2 WEEKS X 26	TWICE A MONTH X 24	MONTHLY INCOME X 12

**ELIGIBILITY DETERMINATION**

Income Eligibility: Total Household Size: \_\_\_\_\_ Total Income:\$ \_\_\_\_\_ per:  Weekly  Every 2 Weeks  Monthly  
 Twice a Month  Yearly

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(Reason) \_\_\_\_\_

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

Date Withdrawn: \_\_\_\_\_

**VERIFICATION**

Confirmation Review Official: \_\_\_\_\_

Date Verification Notice Sent: _____	Approval Based On: <input type="checkbox"/> Food Stamps / TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other _____	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 Notice of Change Sent: _____  Date Change Made: _____
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Date Hearing Requested: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_

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