PORTAGE TOWNSHIP SCHOOLS
Food Service Department
6270 US Hwy 6 Portage IN 46368
219-763-8008
2015-2016 School Year

Dear Parents/Guardians:

You are receiving this application according to Federal Law, which requires that every household receive an application.

The Portage Township Schools participate in the National School Lunch and Breakfast Programs. Nutritious healthy meals are served every day to our students. Meal prices vary depending upon the student's grade in school. Elementary students may purchase breakfast for $1.25 and lunch for $2.05. Middle and High School students may purchase breakfast for $1.35 and lunch for $2.30. All meals meet the nutritional standards established by the U.S. Department of Agriculture and the Indiana Department of Education along with the Wellness Policy of the Portage Township Schools.

Children from households that meet the Federal Income Guidelines are eligible for free meals or reduced-price meals. The prices of our reduced meals are; breakfast $0.00 and lunch is $0.25.

If a child has a disability that prevents them from eating a regular school meal, as determined by a doctor, the school will make substitutions prescribed by the doctor, at no additional charge. Please note however, the school is not required to make a substitution for a food allergy unless it meets the definition of a disability. Please call the Food Service Office for further information.

I would encourage all parents to take the time and fill out the application. Many parents assume they do not qualify and miss out on the available benefits. Even if you are not receiving unemployment or TANF, we will process the application to see if you are eligible for free or reduced meals.

Each student's status is kept strictly confidential. Students are not identified by their status. In all our schools students need only enter their assigned pin number to access their accounts and receive their meal.

If you have questions please call the Food Service Office at 219-763-8008.

Best wishes and healthy eating to you and your family in the 2015-2016 school year!

Sincerely,

Ms. Lisa Strong
Director of Food Services
Portage Township Schools

Dear Parent/Guardian:

Children need healthy meals to learn. Portage Township Schools offers healthy meals every school day. Elementary Breakfast costs **$1.25**; lunch costs **$2.05**. Middle/High School Breakfast costs **$1.35**; lunch cost **$2.30**. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **$0.00** for breakfast and **$0.25** 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 2015-16			
Household size	Yearly	Monthly	Weekly
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional	+7,696	+642	+148

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 Portage Township Food Service Office at 219-763-8008.

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: Portage Township Schools Food Service 6270 US Hwy 6 Portage IN 46368.

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 the Food Service Office at 219-763-8008 immediately.

5. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit www.portage.k12.in.us.com, under the Services tab; go to Food Service to begin or to learn more about the online application process. Contact the Food Service Office at 219-763-8008 if you have any questions about the online application.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW 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.

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: Dr. Debra Dudek PORTAGE TOWNSHIP SCHOOLS 6240 US HWY 6 PORTAGE IN 46368, PHONE 219-764-6006.

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 <u>normally</u> 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 <u>also</u> be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you <u>meant</u> 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, or receive Family Subsistence Supplemental Allowance payments, 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 the Food Service Office 219-763-8008 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.**

If you have other questions or need help, call 219-763-8008.

Sincerely,

Ms. Lisa Strong
Director of Food Services
Portage Township Schools

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. You only need to submit one application per household, even if your children attend more than one school in Portage Township Schools. If your children do not attend schools in the same school district, you will need to submit multiple applications.

The application must be filled out completely to certify your children 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 contact Portage Township Food Service Office at 219-763-8008. Please use a pen (not a pencil) when filling out the paper application and do your best to print clearly.

STEP 1: List All Children in the Household

1. List each child's name. Print their first name, middle initial and last name. Use one line of the application for each child. If there are more children in the household than lines on the application, attach a second piece of paper with all required information for the additional children.
2. Is the child a student at Portage Township Schools? Mark 'Yes' or 'No.'
3. List the name of the school building the student is enrolled in. If a child listed in this section is not enrolled in any school, leave this box blank.
4. List the student's birthdate. If a child listed in this section is not enrolled in any school, leave this box blank.
5. List the student's grade. If a child listed in this section is not enrolled in any school, leave this box blank.
6. Is the child living with the parent or caretaker relative? Mark 'Yes' or 'No.'
7. Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. Foster children who live with you may count as members of your household and should be listed on your application. If you are only applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.
8. Are any children homeless, migrant, or runaway? If you believe any child listed in this section may meet this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.

Before you move to the next step
• Make sure all children in the household are listed. Include infants, children, and students up through grade 12. These children do not have to be related to you to be a part of your household.
• Include all members in the household who are:
o Children age 18 or under and are supported with the household's income;
o In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
o Students attending Portage Township Schools, regardless of age.

STEP 2 – Report Participation in SNAP (Food Stamps) or TANF

1. If no one in your household participates in the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), circle 'No', leave STEP 2 blank and skip to STEP 3 on the application.
2. If **anyone** in your household participates in SNAP (Food Stamps) or TANF, circle 'Yes' and provide a valid case number. You only need to write one case number. If you participate in one of these programs and do not know your case number, contact 1-800-403-0864. You must provide a case number on your application if you circled 'Yes,' then Skip to STEP 4.

Before you move to the next step
Medicaid and Hoosier Healthwise do not automatically qualify a household for free meals. If no one in the household receives SNAP or TANF benefits, you must complete STEP 3 with income information.

STEP 3 – Report Income for All Household Members

Part A

1. Report all income earned by children in the household. This is money received from outside your household that is paid directly to your children. Report the combined gross income for all children listed in Step 1 in the box marked "Total Child Income."
2. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household. Payments received from the Foster Care agency or court for the care of foster children do not count as income and can be excluded.

Sources of Child Income	Example(s)
Earnings from work	A child has a 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 persons outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity, or trust.

Part B

1. List each adult household member's name. Print the name of each household member. Do not include children and students already listed in Step 1.
   - Include all members who are living with you and share income and expenses, even if 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.
2. Report gross income. Refer to the chart titled "Sources of Income for Adults."
   - Report all amounts in gross income only. Gross income is the total income received before taxes or deductions. Make sure that the income reported on this application has not been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
   - If you are a self-employed business or farm owner, 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.
   - Report all income in whole dollars. Do not include cents.
   - Write a '0' in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. I you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household was reported incorrectly, your application will be verified for cause.
   - Mark how often each type of income is received using the check boxes to the right of each field.

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

3. Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)."
   - This number must be equal to the number of household members listed in Step 1 and Step 3.
   - 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 determines your income cutoff for free and reduced meals.
4. Provide the last four digits of your Social Security Number. The household's primary wage earner or another 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 SSN."

Before you move to the next step

Double check that all income has been listed, that the frequency of pay boxes have been checked, the total number of household members are recorded and the last 4 digits of an adult household member's Social Security Number have been included or the box indicating there is no SSN checked.

STEP 4 – Contact Information and Adult Signature

1. 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.
   - Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.
   - Sign and print your name.
   - Write today's date.
   - Share children's Racial and Ethnic Identities (options). 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.

Before you move to the next step

Any application not signed is considered incomplete. Be sure you have signed the application and filled out as much contact information as possible. The more information provided, the easier it will be for us to reach you.

STEP 5 – Other Benefits

1. Textbook Assistance
   - Textbook assistance is optional and does not affect your children's eligibility for free or reduced price school meals.
   - If you want to receive Textbook Assistance, check 'Yes' and then read, sign, and date the section to the right.
   - If you do not want to receive Textbook Assistance, check 'No.'
2. Hoosier Healthwise Disclosure
   - This disclosure is optional and does not affect your children's eligibility for free or reduced price school meals.
   - 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.

Portage Township Schools
2015-2016 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 — List ALL Household Members who are infants, children, and students up to and including grade 12 (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? Yes	No	Only Students: Name of School Building	Only Students: Birthdate	Only Students: Grade	Living with parent or caretaker relative? Yes	No	Foster Child	Homeless, Migrant, Runaway
1			☐	☐				☐	☐	☐	☐
2			☐	☐				☐	☐	☐	☐
3			☐	☐				☐	☐	☐	☐
4			☐	☐				☐	☐	☐	☐
5			☐	☐				☐	☐	☐	☐

Check all that apply

STEP 2 — Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF? Circle one: Yes / No

If you answered NO > Complete STEP 3.   **If you answered 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)

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 income. Please include the TOTAL income earned 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 income for each source in whole dollars 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? Weekly / Every 2 Wks / 2x Month / Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly / Every 2 Wks / 2x Month / Monthly	Pensions/Retirement/ All Other Income	How often? Weekly / Every 2 Wks / 2x Month / Monthly
1	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
2	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
3	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
4	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○
5	$	○ ○ ○ ○	$	○ ○ ○ ○	$	○ ○ ○ ○

Total Household Members (Children and Adults) ____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ____   Check if no SSN ☐

STEP 4 — Contact information and adult signature

"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."

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)

Printed name of adult completing the form	Signature of adult completing the form	Today's date

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

      If yes, **sign to the right** →

○ No

I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes 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

School Use Only:

☐ Approved

☐ Denied

☐ Not Applicable

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.

_____
Signature of adult completing the form

_____
Today's date

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

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.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an

individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing 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 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: ☐ 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_____

Signature of Determining Official: _____ Date:_____   Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____ Application Direct Verified? Yes ☐ No ☐

Date Verification Notice Sent:_____ Date Response Due from Households:_____ Date Second Notice Sent (or N/A): _____	Approval Based On: ☐ Food Stamps / TANF Case Number ☐ Household Size and Income ☐ Other _____	Verification Results: ☐ No Change ☐ Free to Reduced ☐ Free to Paid ☐ 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:_____
Request for Appeal Date Hearing Requested:_____ Hearing Decision: _____	Verifying Official's Signature:_____ Date:_____			