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s may verify (confirm	school official	funds, and that sch Today's Date: Email (Optional)	ot of Federal funds. ws."	\$1 the receip	IN 4670 Ition with State and	Grange, IN 46: in connection will pplicable State an	0 E. Lai n is given	305 S 1150 E, LaGrange, IN 46761 is information is given in connection with the prosecuted under applicable State and Fe	HILD'S SCHOOL: 3 understand that this enefits, and I may be signature of Adult:	CHILD'S: I underst benefits, signatur	TO YOUR reported.	RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: is true and that all income is reported. I understand that is formation, my children may lose meal benefits, and I may formation.	COMPLET nd that all on, my child	RETURN on is true a informati	signature. s applicati y give falso	Contact information (promise) that all information (promise) that all information. I am aware that it of Adult Signing the Form dress (if available)
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th Monthly Annual	Every 2 2x Weeks Month	Weekly	Social Security, 5SI, VA Benefits, All Other Income	Annual	Monthly	2 _x Month	Every 2 Weeks	Weekly	Assistance, Child Support, Alimony	Annual	Monthly	2×	Every ?	Weekty	tarnings tarnings	
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											7	AP or TANE	ate in: SN/	u) particip	icluding ye	STEP 2 Do any household members (including you) participate in: SNAP or TANE?
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Living with parent or caretaker relative? Yes No	Birthdate		Name of School Building	Name of	.5	meless	Hon	Runaway	Migrant	Faster	de oly	Grade		Child's Last Name	Child's	Child's First Name
	you in your household.	you in your	This includes children not related to y	ludes child		for benefit	applying	hildren not	school, and c	ren not in	ools, child	other sch	n attending	ints, childre	t to list infi	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.
SECTION SECTIO	Section of the sectio		ge.	rent Letter and Instructions page.	and Instr	rent Letter	n the Pari	be found o	Instructions for each step including income examples can be found on the Pa	income e	including	each step	uctions for	Instru		
							9.	Return to: Address:		/lears	nooi n	Price So	educea encil).	en (not a p	ase use a p	2023-2024 Household Application for Free and Reduced Price School Meals Complete one application per household. Please use a pen (not a pencil).
							ine:	Apply Online:		2 2	, , , , , , , , , , , , , , , , , , ,	מינות	1 2	1 m 2 D	F	

Care	ç		l's Signature	Verifying Official's Si	Date Vo	Confirming Official's Signature
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	Secretary for Civil Kights.	the Assistant	riculture Office o	artment of Agi	fax, or email completed applications to the U.S. Dep.	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.
		ler 🗆 White	ther Pacific Islander	☐ Native Hawaiian or Other	☐ Asian ☐ Black or African American ☐ Native I	Race (check one or more): 🗆 American Indian or Alaska Native
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ptional	munity. Responding to this section is o	rving our com	re we are fully se	lps to make sui	Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974. red to ask for information about your children's race and ethnicity. This information is important and helps to make sure we affect your children's eligibility for free or reduced price meals.	Optional Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974. 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 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 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 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 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.
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for this purpose.	. I authorize the release of information t	is being made	whom application	child(ren) for v	ocial Services Administration for the purpose of identifies sign below. I certify I am the parent/guardian of the I 1-866-408-5131.	This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may quality for the continuous for this purpose, 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.
Hoosier Healthwise If	Today's Date Today's Date Today's Date Today's Date Today's Date Today's Date	for all law of			Signature of Adult Completing Form	ΔF
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School Use Only:	being made. My signature below authorizes the release of	1v signature beld	n is being made. N	whom application	mpleted to receive tree or reduced brice linear pener	STEP 5 Other Benefits- This section does not need to be completed to receive free or reduced price interests

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 children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR)

Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

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 alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited Federal Relay Service at (800) 877-8339.

name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by. 17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-QASCR%20P-Complaint-Form-0508-0002-508-11-28-To fite a program discrimination complaint, a Complainant should complete a Form AO-3027, USDA Program Discrimination Complaint Form

U.S. Department of Agriculture FAX;
Office of the Assistant Secretary for Civil Rights EMAIL:
1400 Independence Avenue, SW

Washington, D.C. 20250-9410

MAIL

(833) 256-1665 or (202) 690-7442;or Program.Intake@usda_gov

 Do not mail applications to this address, only complaints of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider