


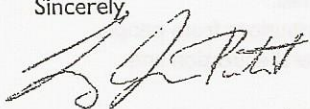
Dear Parent/Guardian:

Children need healthy meals to learn. Saint Casimir School offers healthy meals every school day. Breakfast costs \$1.25 ; lunch costs \$2.50. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. Below are some common questions and answers to aid in the process of determining your child's eligibility.

1. **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: Tiffany Vazquez, 4329 Cameron Avenue, Hammond IN, 219-932-2686.
 2. **Who can get free or reduced price meals?** All children in households receiving benefits from Food Stamps (SNAP) or TANF, can get free meals regardless of your income. Also, if your household's gross income is within the limits on the Federal Income Chart, your children can get free or reduced price meals.
-  If you have received a **Notice of Direct Certification** for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals.
 4. **Can homeless, runaway, Head Start and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free meals. If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or email Lorenza Pastrick at 4329 Cameron Avenue, Hammond IN, 219-932-2686.
 5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call the school at 219-932-2686 if you have questions.
 6. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that 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. **My household was approved last school year for benefits. How long do I have once the new school year begins to turn my application in to continue receiving benefits?** If a household applied last school year, there is a 30 operating day roll-over starting with the first day of school. If a household does not apply for benefits during this 30 operating day roll-over, the household will lose their benefits after the 30 days, and the household will go back to a paid status.
 8. **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 fill out an application.
 9. **Will the information I give be checked?** Yes and we may also ask you to send written proof.
 10. **If I don't qualify now, may I apply again 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.
 11. **What if I disagree with the school's decision about my application?** You should talk to the school officials. You also may ask for a hearing by calling or writing to: Tiffany Vazquez, 4329 Cameron Avenue, Hammond IN, 219-932-2686.
 12. **May I apply if someone in my household is not a U. S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for free or reduced price meals.
 13. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rate share of expenses), do not include them.
 14. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you make \$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.
 15. **We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
 16. **My spouse is deployed to a combat zone. Is her combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your child's school for more information.
 17. **My family needs more help. Are there other programs available?** To find out how to apply for Food Stamps (SNAP) or other assistance benefits, contact your local assistance office.

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Tiffany Vazquez, 4329 Cameron Avenue, Hammond IN, 219-932-2686. If you have other questions or need help, call 219-932-2686. Si necesita ayuda, por favor llame al teléfono: 219-932-2686. Si vous voudriez d'aide, contactez nous au numero: 219-932-2686.

Sincerely,



INSTRUCTIONS for APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

If your household receives benefits from Food Stamps (SNAP) or TANF:

- Part 1:** List all household members and the name of each child's school (if known).
- Part 2:** List the case number for any household member (including adults) receiving Food Stamps (SNAP) or TANF benefits. EBT, Medicaid and Hoosier Healthwise numbers **DO NOT** qualify you for benefits.
- Part 3:** Check the appropriate box, if any.
- Part 4:** Skip this part.
- Part 5:** An adult must sign the application. The last four digits of the Social Security number are not required.
- Part 6 and Part 7** are optional for meal benefits.

If any child in your household is Migrant, Homeless, or Runaway:

- Part 1:** List all household members and the name of each child's school (if known).
- Part 2:** If no one in household gets Food Stamps (SNAP) or TANF benefits, skip this part.
- Part 3:** Check the appropriate box and contact the school's homeless liaison or migrant coordinator.
- Part 4:** Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households.
- Part 5:** An adult must sign the application. The last four digits of the Social Security number are not required.
- Part 6 and Part 7** are optional for meal benefits.

If you are applying for a foster child:

If all children in the household are foster children:

- Part 1:** List all foster children and the school name for each child. Check the box indicating the child is a foster child.
- Part 2:** Skip this Part
- Part 3:** Skip this Part
- Part 4:** Skip this Part
- Part 5:** An adult must sign the application. The last four digits of the Social Security number are not required.
- Part 6 and Part 7** are optional for meal benefits.

If some of the children in the household are foster children:

- Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. Check the box if the child is a foster child.
- Part 2:** Enter the name and case number of any household member who has a valid TANF or Food Stamp (SNAP) case number.
- Part 3:** Check the appropriate box and contact the school's homeless liaison or migrant coordinator for any listed children who are homeless, migrant, or runaway.
- Part 4:** Complete only if a child in your household isn't eligible under Part 1 or Part 3. See instructions for All Other Households.
- Part 5:** An adult household member must sign the form, and if income information was provided, the adult household member must provide the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 6 and Part 7** are optional for meal benefits.

All Other Household Types, including WIC households:

Part 1: List all household members, include everyone related or unrelated living in your household (this includes you, your spouse, all children, grandparents, other relatives, and unrelated people). Use another sheet of paper if you have to. Enter the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box. If any child you are applying for is a foster child, check the box.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or runaway, check the appropriate box and contact the school's homeless liaison or migrant coordinator.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Section 1** – Name – List all household members with income.
- **Section 2** –
 - **Gross Income and How Often it was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.
 - **Earnings:** Be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and

foster payments received by the family from the placing agency. For **ONLY** the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as the income.

Part 5: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 6 and **Part 7** are optional for meal benefits.

	Household Size	FEDERAL INCOME CHART FOR SCHOOL YEAR 2014-2015				
		Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.	1.....	21,590	1,800	900	831	416
	2.....	29,101	2,426	1,213	1,120	560
	3.....	36,612	3,051	1,526	1,409	705
	4.....	44,123	3,677	1,839	1,698	849
	5.....	51,634	4,303	2,152	1,986	993
	6.....	59,145	4,929	2,465	2,275	1,138
	7.....	66,656	5,555	2,778	2,564	1,282
	8.....	74,167	6,181	3,091	2,853	1,427
	For each additional person:	+7,511	+626	+313	+289	+145

Other Benefits: Put a checkmark where you want the information released. By signing this section you will allow the school to release information that shows you have applied for free or reduced price benefits under the NSLP. The information will only be used for the programs you have marked on the application.

Textbook Assistance

You must answer this question and sign, in order to receive textbook assistance. You are not required to answer this question to receive meal benefits.

PLEASE NOTE: For **Textbook Assistance**, these are specific things that you must complete in addition to the required items for meal benefits:

- Living with parent/caretaker relative
 - *The definition of a caretaker relative is a relative, either by blood or by law, who lives with the child and exercises parental responsibility [care and control] in the absence of the child's parent. Examples include, but are not limited to: Grandparents, Aunts, Uncles, Cousins, Step-Parents, and Adult Siblings.*
- Grade
- Check if you are applying for textbook assistance and **sign** under Other Benefits. **Your application must contain 2 signatures for meals and textbooks.**

Hoosier Healthwise

Your child(ren) may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you **DO WANT** this information released for the purpose of Hoosier Healthwise, please sign. For more information about Hoosier Healthwise health insurance, call 1-800-889-9949.