

CURRICULAR MATERIAL ASSISTANCE APPLICATION PARENT LETTER

Schools implementing the 2021-2022 Seamless Summer Option (SSO) Waiver or the Community Eligibility Provision (CEP):

What does this mean for you and your children attending a participating school?

All enrolled students, at a school that is implementing the SSO waiver or the CEP during the 2021-2022 school year, are eligible to receive a healthy breakfast and lunch at no charge to your household. No further action is required of you. Your child(ren) will be able to participate in the meal programs without having to pay a fee or complete an application.

Why should we fill out an application?

The SSO waiver and CEP pertains only to meals and does not extend to other educational benefits. Some examples of other educational benefits may include: curricular material (textbook) assistance, test/exam fee reduction or waiver, and eligibility for other discounts or program opportunities. All students must pay curricular material (textbook) fees unless you have been notified in writing that your child has been approved for free curricular materials for the 2021-2022 school year.

Who may receive curricular assistance and other educational benefits?

The following are ways in which children may be approved to receive curricular material and other educational benefits: children in households receiving SNAP (Food Stamps) or TANF benefits; foster children who are under the legal responsibility of a foster care agency or court; homeless or migrant children identified by the school's liaison; and households with a gross income that is within the limits of the Federal Income Guidelines.

To apply, complete a 2021-2022 Application for Curricular Material Assistance and Other Benefits. Return the completed application to the school. You will be notified when your application is approved or denied.

| FEDERAL ELIGIBILITY INCOME CHART For School Year 2021-22 | | | |
|--|--------|---------|--------|
| Household size | Yearly | Monthly | Weekly |
| 1 | 23,828 | 1,986 | 459 |
| 2 | 32,227 | 2,686 | 620 |
| 3 | 40,626 | 3,386 | 782 |
| 4 | 49,025 | 4,086 | 943 |
| 5 | 57,424 | 4,786 | 1,105 |
| 6 | 65,823 | 5,486 | 1,266 |
| 7 | 74,222 | 6,186 | 1,428 |
| 8 | 82,621 | 6,886 | 1,589 |
| Each additional person: | +8,399 | +700 | +162 |

Additional Questions & Answers

1. **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 the new school year. Contact the school corporation for the appropriate deadline. You must complete 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 if you have not been notified that your child is eligible for free meals, your child will be charged the full price of curricular materials.
2. **Can homeless, runaway, or migrant children get other educational benefits?** Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free curricular materials. If you believe children in your household meet these descriptions please call the district's homeless liaison/migrant coordinator at 317-988-8600 to see if they qualify.
3. **Who do I include as members of my household?** You must include all people living in your household, related or not (grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all of your children who live with you. Do not include other people who live with you who are economically independent.
4. **What if my income is not always the same?** List the amount you normally receive. For example, if you normally receive \$1,000 each month, but you missed some work last month and only received \$900, record \$1,000 per month. If you normally receive overtime, include it, but not if you receive it occasionally. If you are a seasonal or a 9, 10, or 11 month employee, list the amount you normally receive. If you have lost your job or had your hours or wages reduced, use your current income.
5. **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.
6. **If my children do not qualify now, may I reapply later?** Yes, you may reapply any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible if the household income drops below the income limit.
7. **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.
8. **Will the information I give be checked?** Yes, we may ask you to provide written proof of income to verify eligibility.

If you have other questions or need help, call Debra Wilcox at 317-988-7959.

HOW TO APPLY FOR CURRICULAR MATERIALS ASSISTANCE

Please use these instructions to help you fill out the application for curricular materials assistance and other benefits. You only need to submit one application per household, even if your children attend more than one school in the MSD of Wayne Township. The application must be filled out completely to certify your children for free or reduced benefits. 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 the Child Nutrition Office at 317-988-7950 or 317-988-7959.

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 SCHOOL STUDENTS WHO LIVE IN YOUR HOUSEHOLD

Tell us how many infants, children, and 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 foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending the MSD of Wayne Township regardless of age.

| | | | |
|---|---|---|---|
| <p>A) List each child's name. 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.</p> | <p>B) Is the child a student at the MSD of Wayne Township? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the MSD of Wayne Township. If you marked 'Yes,' write the name of the school building, birthdate, and grade level of the student in the 'Grade' column to the right. Is the child living with parent or caretaker relative? Mark 'Yes' or 'No' next to each child.</p> | <p>C) Do you have any foster children? 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 STEP 1, go to STEP 4. <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.</p> | <p>D) Are any children homeless, migrant, or runaway? 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></p> |
|---|---|---|---|

STEP 2: IF ANYONE IN YOUR HOUSEHOLD CURRENTLY PARTICIPATES IN ONE OR MORE OF THE ASSISTANCE PROGRAMS LISTED BELOW, YOUR CHILDREN ARE ELIGIBLE FOR FREE SCHOOL MEALS:

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>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> ● Leave STEP 2 blank and go to STEP 3. | <p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> ● 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. ● Go to STEP 4. |
|---|---|

How do I report my income?

- Use the charts titled “Sources of Income for Adults” and “Sources of Income for Children,” located below 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 Payment -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 | Pension/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 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 -Strike benefits | -Social Security (including railroad retirement and black lunch benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments 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
 - 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.

A) 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.

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.

| | | |
|--|---|---|
| <ul style="list-style-type: none"> ● Do NOT include: <ul style="list-style-type: none"> ○ 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. | | |
| <p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p> | <p>C) Report 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.</p> <p>What if I am self-employed? 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.</p> | <p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> 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.</p> |
| <p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p> | <p>F) 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 affects your eligibility for free and reduced price meals.</p> | <p>G) Provide the last four digits of your Social Security Number. 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 SSN."</p> |

| | | | |
|--|--|--|---|
| <p>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 statements on the back of the application.</p> | | | |
| <p>A) Check if you want to receive Curricular Material Assistance. If Yes, sign your name to the right. The adult who filled out the application is the person who signs in the box "Signature of adult."</p> | <p>B) 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 benefits. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p> | <p>C) Deliver the completed application to your child's school or mail to: Wayne Township Schools, Child Nutrition Department, 1155 S. High School Road, Indianapolis, IN 46241</p> | <p>D) 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 benefits.</p> |

The following sections are optional and do not affect your children's eligibility for curricular material assistance or other benefits.

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.

2021-2022 Application for Curricular Material Assistance and Other Assistance

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

Prescribed by State Board of Accounts
School Form No. 521/2021

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 benefits. Read **How to Apply for Curricular Material Assistance** for more information.

| Child's First Name | MI | Child's Last Name | Student? | | Only Students: | | Only Students: | | Only Students: | | Living with parent or caretaker relative? | | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|--------------------------|--------------------------|-------------------------|-----------|----------------|-----|----------------|--------------------------|---|--|--------------------------|----------------------------|
| | | | Yes | No | Name of School Building | Birthdate | Grade | Yes | No | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <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 Curricular Material Assistance** 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 |
| | \$ <input type="text"/> <input type="text"/> <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="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="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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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:

Do you want to receive Curricular Material assistance?

Yes If yes, sign to the right → No

My signature below authorizes the release of information on this application for curricular material assistance. I give up my right of confidentiality for this purpose only. The application may be subject to audit by the State of Indiana to determine student eligibility for curricular materials. The application information may 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. I certify that I am the parent/guardian of the child(ren) for whom application is being made and authorize the release of information for the purposes outlined in the application.

Signature of adult completing the form

Today's Date

Mailing Address

City, State, Zip

Daytime Phone and Email (optional)

STEP 5

Other Assistance Opportunities (Optional)

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 this information for this purpose only.

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.

Race (check one or more):

Ethnicity (check one):

- Hispanic or Latino
- Not Hispanic or Latino

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Use of Information Statement: This explains how we will use the information you give us.

The information contained in the application will be used to determine eligibility for curricular materials assistance under Indiana Code 20-33. You do not have to provide the information, but if you do not, we cannot approve your child for curricular materials assistance. 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) or Temporary Assistance for Needy Families (TANF) case number 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 the State of Indiana school curricular materials program. 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.

| | | | |
|--|---|---|--|
| 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"/> Twice a Month <input type="checkbox"/> Monthly <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 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 | Reason for Change: <input type="checkbox"/> Income: _____ |
| Date Response Due from Households: _____ | <input type="checkbox"/> Household Size and Income | <input type="checkbox"/> Free to Reduced | <input type="checkbox"/> Household Size: _____ |
| Date Second Notice Sent (or N/A): _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Free to Paid | <input type="checkbox"/> Change in Food Stamps /TANF |
| | | <input type="checkbox"/> Reduced to Free | <input type="checkbox"/> Did not respond |
| | | <input type="checkbox"/> Reduced to Paid | <input type="checkbox"/> Other: _____ |
| Request for Appeal Date Hearing Requested: _____ | | Date Notice of Change Sent: _____ | |
| Hearing Decision: _____ | | Date Change Made: _____ | |
| Verifying Official's Signature: _____ | | Date: _____ | |