

School Corporation Name:

2023-2024 Household Application for Other Fee Reduction Assistance

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

Apply Online:

Return to:

Address:

Instructions for each step including income examples can be found on the Parent Letter and Instructions page.

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

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. This includes children not related to you in your household.

Table with columns for Child's First Name, MI, Child's Last Name, Grade, Foster, Migrant, Runaway, Homeless, Name of School Building, Birthdate, and Living with parent or caretaker relative? (Yes/No).

STEP 2 Do any household members (including you) participate in: SNAP or TANF?

NO [] -> Go to STEP 3.

YES [] -> Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Text input box for Case Number with instruction: Write only 10-digit case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and 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.

Table for reporting income for adult household members, including columns for Name of Adult Household members, Earnings from Work, Public Assistance, Child Support, Alimony, Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income, and various frequency options (Weekly, Every 2 Weeks, 2x Month, Monthly, Annual).

Total Number of Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number: []

B. Child Income

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Table for reporting child income with columns for Child Income and frequency options (Weekly, Every 2 Weeks, 2x Month, Monthly, Annual).

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:

Do you want to receive Textbook Assistance?

[] YES If yes, sign to the right -> [] NO

My signature below authorizes the release of information on this application for other fee reduction 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 fee reduction. 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.

Form for adult signature and contact information, including fields for Print Name of Adult Signing the Form, Signature of Adult, Today's Date, Email (Optional), Mailing Address (if available), City, State, Zip, and Phone (optional).

Optional | **Other Benefits- This section does not need to be completed to receive fee reduction assistance.**

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. **For information about Hoosier Healthwise health insurance, call 1-866-408-6131.**

Signature of Adult Completing the Form

Today's Date

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 and does not affect your children's eligibility for fee reduction benefits.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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.

DO NOT FILL OUT | **For school use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income:	How often received?					Household Size:	Categorical Eligibility <input type="checkbox"/>	Eligibility Determination			<input type="text"/>	<input type="text"/>
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual			Free	Reduced	Denied		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

For use at verification

Confirming Official's Signature

Date

Verifying Official's Signature

Date

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 fee reduction 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 other fee 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 other fee assistance. 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.