

Dear Parent/Guardian:

Children need healthy meals to learn. **Memorial High School** offers healthy meals every school day. The breakfast regular price is **\$1.50**; lunch is **\$2.50**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$.30** for breakfast and **\$.40** for lunch.

1. **Who can get free or reduced price meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free or reduced price meals.
2. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. **Use one 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: **Memorial High School.**
3. **Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **476-4973** if you have questions.
4. **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.
5. **Can migrant, homeless, or runaway children get free meals?** Please call **Memorial High School** (migrant coordinator or homeless liaison) to see if your children qualify, if you have not been informed that they will get free meals.
6. **May I apply if someone in my household is not a U. S. citizen?** Yes. You or your children do not have to be a U.S. citizen to qualify for free or reduced price meals.
7. **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). You must include yourself and all children who live with you.
8. **Will the information I give be checked?** Yes, we may ask you to provide written proof.
9. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
10. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
11. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps or TANF. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
12. **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 **Mrs. Gwen Godsey, Principal, Memorial High School, 1500 Lincoln Avenue, Evansville, IN 47714;** telephone number **(812) 476-4973.**

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Memorial High School, 1500 Lincoln Avenue, Evansville, IN 47714.**

If you have other questions or need help, call **Mrs. Carla Cobb**, at **(812) 476-4973, Ext. 210.**

Si necesita ayuda, por favor llame al teléfono: **Mrs. Carla Cobb**, al **(812) 476-4973, Ext. 210.**

Si vous voudriez d'aide, contactez nous au numéro: **Mrs. Carla Cobb**, al **(812) 476-4973, Ext. 210.**

Sincerely,

Mrs. Gwen Godsey
Principal

INSTRUCTIONS for APPLYING

Households getting TANF or Food Stamps:

1. In Part 1, list each enrolled child and include the TANF or Food Stamp Case Number for each child. **EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.**
2. In Part 2, check the appropriate box, if any.
3. Skip Parts 3 and 4 - unless some children do not get Food Stamps or TANF.
4. Part 5. An adult must sign the application. A Social Security number is not required.
5. Part 6 and Part 7 are optional for meals benefits.

Migrant, Homeless, or Runaway: Check the appropriate box and contact the school's homeless liaison or migrant coordinator.

Foster Child: Use a separate application for each foster child.

1. Skip Parts 1, 2, and 4.
2. INCOME: Write only the child's personal use income or '0' if the child has no income.
3. Part 5. An adult must sign the application. A Social Security number is not required.
4. Part 6 and Part 7 are optional for meals benefits.

All Other Household Types: Including WIC households

1. In Part 1, list each enrolled child.
2. In Part 2, check the appropriate box, if any. Skip Part 3.
3. In Part 4, list everyone related or not living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if you need to.
4. Write the amount of gross income each person received before taxes or anything else is taken out, how often, and where it came from, such as earnings, welfare, pensions, and other income. See list. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance. If you have no income, put a checkmark (√) in the box.
5. Part 5. An adult must sign the application and list his/her Social Security number, or put a checkmark (√) in the box if you have no social security number.
6. Part 6 and Part 7 are optional for meals benefits.

INCOME TO REPORT:

Earnings from Work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Workman's compensation
Net income from self-owned business or farm

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony payments
Child support payments

Pensions/Retirement/Social Security

Pensions
Retirement income

Social Security

Veteran payments
Supplemental Social Security Income

Other Income

Earnings from second job
Disability benefits
Interest/Dividends
Cash withdrawn from savings
Income from Estates/Trusts/Investments
Regular contributions from persons not living
in the household
Royalties/Annuities/Rental Income
Any other monies that may be available to pay
for the child's meals

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.	FEDERAL INCOME CHART FOR SCHOOL YEAR 2008-2009		
	Household Size	Yearly	Monthly
1	\$19,240	\$1,604	\$ 370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional person:	+6,660	+555	+129

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 National School Lunch Program. The information will only be used for the programs you have marked on the application.

Textbook Assistance – In 1999 the passage of House Enrolled Act 1001, includes assistance for children approved for free or reduced price meals. **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.

Twenty-first Century Scholars – Enrollment in the Twenty-first Century Scholars program is open to eligible 7th and 8th graders. For students who successfully complete the program, the Twenty-first Century Scholarship will pay regular tuition at a public college in Indiana or partial tuition at an independent college or proprietary institution in Indiana.

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.

PLEASE NOTE: If you are also applying for Textbook Assistance, there are specific things that you must complete in addition to the required items for meal benefits.

- 1) 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.),
- 2) grade, and
- 3) check if you are applying for textbook assistance and sign under Other Benefits.

Your application must contain 2 signatures for meals and textbooks.