Vhitko Community Sc 2024-2025 Household Applicat Complete one application per household.	tion for Fr	pen (not a	pencil).					Return to Address:	: Misty Whitk	Ruck o Cor	er nmunity	XXXXX Schoo	rescribed by State XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	(XXXX	XXXXX	
STEP 1 List ALL children, infants, and	students up	to and incl	uding grade	12. Atta	ch anothe	r sheet of	examples can l paper if you	need space	for more	names					W. M.			EW (State)
ist ALL children in the household. Do not fo	orget to list in	fants, childr	en attending	g other sc	hools, child	dren not ir	school, and c	hildren not a	pplying f	or benef	fits. This inc	ludes chil	dren not related to	you in you	ır househo			
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TEP 2 Do any household member	rs (including	you) partici	ipate in: SN	AP or TA	NF?													
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NO $\square \rightarrow$ Go to STEP 3.		→ Write case number here and proceed to STEP 4. CASE NUMBER (NOT EBT NUMBER): Write only 10-digit case number in this spa								space.	4	ntyrkalasasumideasatrittalifeset verificitäri.						
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List all Adult Household Members not deductions) for each source in whole	dollars (no ce	ents) only. I	f they do no	ot receive	income fr	om any se	ource, write '()'. If you ent	er '0' or l	leave an	ny fields bla	nk, you a	re certifying (pror	nising) tha	t there is r	no incom	e to repor	t.
							Public Assistance, Child		Every 2	2х			Retirement, Social Security, SSI, VA Benefits, All Other		Every 2	2x		
Name of Adult Household members (First and Last)	Earnings from Work	Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Support, Alimony	Weekly	Weeks	Month	Monthly	Annual	Income \$	Weekly	Weeks	Month	Monthly	
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O Thomas and the state of the s															10000			
STEP 4 Contact information and "I certify (promise) that all information	on this applic	ation is true	e and that a	all income	is reporte	ed. Lunde	rstand that th	is information	n is give	n in con	nection wit	th the rec	. Box 94; Piero eipt of Federal fu	ceton, IN nds, and th	46562 at school	officials n	nay verify	(confirm)
the information. I am aware that if I pur	posely give fa	alse informa	ation, my ch	nildren ma	ay lose me	al benefit	s, and I may b	e prosecute	a under	applicat	ole State an	ia Federal	i iaws."					
Print Name of Adult Signing the Form	p					Signat	ture of Adult:							Today	's Date:			

Other Benefits- This section does not need to be Do you want to receive Textbook Assistance? ☐ YES If yes, sign to the right →				ce?		I certify that I am the par information on this appli shared with the Indiana I with 45 C.F.R. Parts 260 a	School Use Only: Approved Denied					
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you want the app	dication infe	ormation s	hared for	r this purp	ose, plea	ocial Services Adminis ase sign below. I certify all 1-866-408-6131.	tration for the purpose of identify I am the parent/guardian of the	ying children v child(ren) for	who may qualify fo whom application	or free or low-o is being made	ost health insurance under Medicaid on the state of information of the release of information of the state of information of the state of the stat	or Hoosier Healthwise . If for this purpose.
Signature of Adu	It Completi	ing the For	m				Today's Date					
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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) do not need to list a Social Security number.

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.

Return completed form to your child's school.

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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 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:

* MAIL: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410

EMAIL:

FAX:

(833) 256-1665 or (202) 690-7442;or

Program.Intake@usda.gov

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

This institution is an equal opportunity provider.

Dear Parent/Guardian:

Children need healthy meals to learn. Whitko Community Schools offers healthy meals every school day. Breakfast costs \$1.30; lunch costs \$2.25 for Elementary Students and \$2.40 for JR/SR High Students. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

- 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?
 - All children in households receiving benefits from SNAP (Food Stamps) or TANF, are eligible for free meals.
 - Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
 - Children participating in their school's Head Start program are eligible for free meals.
 - Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
 - Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may
 qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

- FEDERAL E	LIGIBILITY INCOME	CHART For School Yea	r 2024-25
Household size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional			
person:	+9,953	+830	+192

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Kari Walmer 260-327-3677 Ext. 1006.
- 3. 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: Whitko Schools; % Misty Rucker; P.O. Box 94; Pierceton, IN 46562.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact Misty Rucker

 574-594-2210 Ext.5362 immediately.

- 5. 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 this school year through September 20, 2024. You must send in 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 you have not been notified that your child is eligible for free meals, your child will be charged the full price of meals.
- 6. SHOULD I FILL OUT AN APPLICATION IF MY CHILDREN RECEIVED FREE OR REDUCED MEALS AT THEIR PREVIOUS SCHOOL? If it is the beginning of the school year and you have not been notified that your children will receive free or reduced meals for the upcoming year, you will need to fill out an application. If your children transferred during the school year and they were receiving free or reduced meals at the previous school, contact Misty Rucker @ 574-594-2210 Ext.5362 immediately.
- 7. 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 send in an application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
- 9. IF I DON'T QUALIFY NOW, MAY I APPLY 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.
- 10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Whitko Schools; % Michelle Badskey; P.O. Box 94; Pierceton, IN 46562; 574-594-2210 Ext.5365.
- 11. 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 for free or reduced price meals.
- 12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$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.
- 13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 14. 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, 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.
- 15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact Misty Rucker @ 574-594-2210 Ext.5362 to receive a second application.
- 16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP (Food Stamp) or other assistance benefits, contact your local assistance office or call 1-800-403-0864.

If you have other questions or need help, call Misty Rucker @ 574-594-2210 Ext.5362.

Sincerely,

Michelle Badskey
Whitko Community Schools Interim Food Services Director

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Whitko Community Schools. The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. 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 Misty Rucker @ 574-594-2210 Ext.5362.

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 STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD

Tell us how many infants/toddlers, children not in school, and elementary/middle/high 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 formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth;
- Students attending (regardless of age) Whitko Community Schools.
- 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. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.
- B) Is the child a student? If yes, write the grade level of the student in the "Grade" column. For these students, also complete the "Only for Students" section including the name of the school building, birthdate, and whether the student is living with the parent or caretaker.
- 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.
- Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.
- Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.
- 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 complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.

STEP 2 DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

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).
- A) If no one in your household participates in any of the above listed programs:
- Leave STEP 2 blank and go to STEP 3.

- B) If anyone in your household participates in any of the above listed programs:
- 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.

STEP 3

REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," 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 SecurityDisability PaymentsSurvivor'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					

Source	es of Income for Adults	
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / 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 lung 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.
- o Gross income is the total income received **before** taxes and deductions.
- o 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.

3-A. REPORT INCOME EARNED BY ADULTS

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.
- Do NOT include:
- 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.
- 1) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in STEP 1.
- 2) List 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.
 - What if I have multiple jobs? List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
 - 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.

If a child listed in **Step 1** has income, follow the instructions in **Step 3**, **Part B**.

3) List income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. 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.

- 4) List income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

 What if I receive income from multiple sources in this category? List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.
- 5) List 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.
- 6) 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 Social Security Number."

3-B. REPORT INCOME EARNED BY CHILDREN

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.

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

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 and civil rights statements on the back of the application.

A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of Adult."

C) Mail Completed Form to:

Whitko Schools % Misty Rucker P.O. Box 94 Pierceton, IN 46562

STEP 5: OTHER BENEFITS - OPTIONAL

The following sections are optional and do not affect your children's eligibility for free or reduced price school meals.

A) Textbook Assistance

If you want to receive textbook assistance, check 'Yes' and then read, sign, and date the section to the right. If you do not want to receive textbook assistance, check 'No'.

B) 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.

C) 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 school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.