

APPLICATION FOR FREE AND REDUCED PRICE MEALS

DIRECTIONS FOR CHILD AND ADULT CARE FOOD PROGRAM CENTERS, MINISTRIES,
SPONSORING ORGANIZATIONS AND FAMILY DAY CARE HOME PROVIDERS

**ORGANIZATIONS MUST USE THE FOLLOWING PROTOTYPE FORMS UNLESS APPROVAL HAS BEEN
GIVEN FOR MODIFICATIONS:**

REQUIRED INFORMATION THAT *MUST* BE PROVIDED TO HOUSEHOLDS AND DAY CARE HOME PROVIDERS:

- LETTER TO HOUSEHOLDS: CHILD DAY CARE AND TIER II PROVIDERS OR ADULT DAY CARE
- LETTER TO TIER I AND FAMILY DAY CARE HOME PROVIDERS
- APPLICATION FOR FREE AND REDUCED PRICE MEALS: CHILD DAY CARE OR ADULT DAY CARE (WITH INSTRUCTIONS)
- BUILDING FOR THE FUTURE FLYER

Indiana requires that your application packet be available during a program review.

The pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. The [bracketed fields] indicate where you need to insert your specific information or person to contact for assistance and where to submit the completed form(s).

Enter the name of the center contact person and phone number in the first row of the application. On the second row, enter the name of the center OR the name of the home provider.

PART 1: All members of the household (A household member is any child or adult living in the household) must be listed--first, middle initial, and last name. Birth dates are required for all children. If the household member includes any foster children, the box must be marked to indicate the foster child. Foster children are categorically eligible for free meals and may be included in the number of household members for eligibility determination. In the last column, check the box for household members who have no income. Parent or guardian must sign and provide information in PART 5, however the last four digits of the Social Security number are not required.

PART 2: In this section, the household will indicate the name of the household member who receives food stamps or TANF benefits and enter the case number. All case numbers in Indiana will be ten digits long and begin with 10. If one household member has food stamp or TANF benefits, all children in the household are eligible for free meal benefits. Parent or guardian must sign and provide information in PART 5, however the last four digits of the Social Security number are not required.

PART 3: Enter the center contact's name and phone number as noted. The household will mark the form to indicate if a child is homeless, migrant, or a runaway. Center staff may contact the local school homeless liaison or migrant coordinator or the IDOE Special Programs and Data Collection at 317-232-0548 for additional information. Parent or guardian must sign and provide information in PART 5, however the last four digits of the Social Security number are not required.

PART 4: All household members with income must be listed. Gross income and how often received will be included. PART 5 must be completed and the last four digits of the Social Security number are required.

PART 5: Certification Statement must be signed and completed by an adult household member. Social Security information will be required unless a box in Part 3 is checked.

PART 6: Parent or guardians may sign if they do not want information shared with Medicaid or Hoosier Healthwise.

PART 7: Parents and guardians are NOT required to complete the ethnic and racial identities.

The prototype letters also include information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative and pricing programs. Pricing information may be removed from the household letters without approval if the information is not pertinent to your facility.

APPLICATION APPROVAL:

Section A: Check the box to indicate if the application is based upon categorical eligibility (SNAP, TANF, or foster child) or household income. If household income, enter the household size and income. Compare this information to the current USDA income guidelines to categorize the participant's eligibility.

Section B: Based upon the information in Part A, classify the application as free, reduced price, or paid for centers OR tier I or tier II for family day care homes.

Section C: The application must be signed and dated by the person who is responsible for approving the application for free and reduced-price meals as shown in #63-64 on the Sponsor Information form in the CNPweb®. An application is not valid if it is not signed and dated. Each application expires one year from the date it was approved.

If you have questions about the Application for Free and Reduced Price Meals, contact:

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