

## **Online Free/Reduced Application Instructions**

Parents can submit Free/Reduced Applications online using Skyward Family Access.

Be sure to use your parent log in and not your student's log in.

Only one application needs to be submitted per family.

In Skyward Family Access, select a student from the drop-down and then click on the Food Service tab on the left-hand side of the page.

*If more than one student is enrolled in the Center Grove School Corporation, select one of the students in the drop down box. Then proceed to click the Food Service tab.*

Family Access

SKYWARD

Home Calendar Gradebook Attendance Student Info **Food Service** Schedule Discipline Fee Management Academic History Portfolio Health Info Login History Back to Prior Family Access

ipad Accessory Pre-sale  
CGEC iPad Accessory Pre-Sale v2.pdf  
Thu Jun 27, 2013 8:36am  
CGHS iPad Accessory Pre-sale - order now and save!  
Center Grove High School Parents  
As you are now aware, ALL CGHS students will be using the new iPad this year. These will be issued at registration. Center Grove Early College had the opportunity to use iPads last year and found that an external keyboard was...

Anne Elsner (+IT PrincEngin\* / 02, Period 7)  
End of Course Exams  
Fri May 24, 2013 10:39am  
POE students-  
Great job on the end of course exam! I was very impressed by your scores. You definitely all made me proud!  
Have a great summer!

Mobile Minds 1:1 Project - Frequently Asked Questions  
Thu May 23, 2013 2:00pm  
Dear Parents,  
We have compiled an FAQ for the Mobile Minds Project. You can review at <http://tinyurl.com/Mobileminds1> for more information. Don't forget to complete the form if you plan to provide your own iPad for your child.

Upcoming Events  
Calendar  
Mon Jul 15, 2013  
Online Information Update - Current CG Students opens for 2013-14  
Center Grove High School

Click 'Submit a Food Service Application' at the top of the page.

Family Access

SKYWARD

Home Calendar Gradebook Attendance Student Info **Food Service** Schedule Discipline

Food Service Submit a Food Service Application

Current Account Balance  
Conner: \$21.55

Today's Lunch Menu  
No lunch menu details are available for the current date.

Lunch Calendar

Purchases for: Wed Jul 3, 2013  
Previous Day Next Day

Conner (Center Grove High School) View Totals Make a Payment

There are no payment records for this student.

Key Pad Number:  
Item Price  
No transactions for this date.

You will then see your child's Lunch Status from the previous school year.

Click 'Add Application' to create an application for the 2022-23 school year.

Food Service Applications

Add Application Print Application

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Wed Jan 3, 1900	Wed Jan 3, 1900	0	Normal	No	Yes	

Carefully read the Letter to Parents, then click 'Next'.

Application for Free or Reduced Price Meals and Other Benefits	
<b>Steps</b>	<b>Application for Free or Reduced Price Meals and Other Benefits</b> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a>
Letter to Parents	<b>Letter to Parents</b>
Instructions for Applying	
Federal Income Chart	
Privacy Act Statement	Dear Parent/Guardian:
Non-discrimination Statement	Children need healthy meals to learn. Center Grove Community School Corporation offers healthy meals every school day. The breakfast regular price is \$1.25; lunch is \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch.
<b>Application</b>	<ol style="list-style-type: none"><li>1. <b>Who can get free or reduced price meals?</b> All children in households receiving Food Stamps or TANF 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.</li><li>2. <b>Do I need to fill out an application for each child?</b> No. Complete the application to apply for free or reduced price meals. <u>Use one application for all students in your household.</u> We cannot approve an application that is not complete, so be sure to fill out all required information.</li><li>3. <b>Can foster children get free meals?</b> Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.</li><li>4. <b>My child's application was approved last year. Do I need to fill out another one?</b> Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.</li><li>5. <b>Should I fill out an application if I received a letter this school year saying my children are approved for free meals?</b> Please read the letter you got carefully and follow the instructions. Call the school at (317) 881-9326 ext. 1609 if you have questions.</li><li>6. <b>I get WIC. Can my children get free meals?</b> Children in households participating in WIC <u>may</u> be eligible for free or reduced price meals. Please fill out an application.</li><li>7. <b>Can migrant, homeless, or runaway children get free meals?</b> Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Dr. William Long at (317) 881-9326 ext. 1606 to see if they qualify.</li><li>8. <b>May I apply if someone in my household is not a U.S. citizen?</b> Yes. You or your children do not have to be a U.S. citizen to qualify for free or reduced price meals.</li><li>9. <b>Who should I include as members of my household?</b> You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who do not support, who do not share income with you or your children, and who pay a pro-rate share of expenses), do not include.</li><li>10. <b>Will the information I give be checked?</b> Yes, we may ask you to provide written proof.</li><li>11. <b>What if my income is not always the same?</b> List the amount that you normally receive. 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 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</li></ol>
Review and Submit	

Carefully read the instructions for applying.

Check the box to signify you've read the instructions, then click 'Next'.

Application for Free or Reduced Price Meals and Other Benefits	
<b>Steps</b>	<b>Application for Free or Reduced Price Meals and Other Benefits</b> <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a>
Letter to Parents	<b>Instructions for Applying.</b> Please select the option below after reviewing all information.
Instructions for Applying	Questions can be directed to contact information supplied in the Letter to Parents.
Federal Income Chart	<input checked="" type="checkbox"/> I have read the Instructions for Applying and would like to continue the application
Privacy Act Statement	<b>Households getting TANF or Food Stamps:</b>
Non-discrimination Statement	<ol style="list-style-type: none"><li>1. In Part 1, list each enrolled child, include the TANF or Food Stamp case number for any child, and the name of the school. EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.</li><li>2. In Part 2, enter the name and case number of any other household member who has a valid TANF or Food Stamp case number.</li><li>3. In Part 3, check the appropriate box, if any.</li><li>4. In Part 5, an adult must sign the application. The last four digits of the Social Security Number are not required.</li><li>5. Part 6 and Part 7 are optional for meal benefits.</li></ol>
<b>Application</b>	<b>Migrant, Homeless, or Runaway:</b>
Part 1: Child Names	<ol style="list-style-type: none"><li>1. In Part 1, list each enrolled child which are homeless, migrant, or runaway and the name of the school.</li><li>2. In Part 3, check the appropriate box and contact Dr. William Long at (317) 881-9326 ext. 1606.</li><li>3. In Part 5, an adult must sign the application. The last four digits of the Social Security Number are not required.</li><li>4. Part 6 and Part 7 are optional for meal benefits.</li></ol>
Part 2: Benefits	<b>Foster Child:</b>
Part 3: Child Status	<b>If all children in the household are foster children:</b>
Part 4: Gross Income	<ol style="list-style-type: none"><li>1. In Part 1, list each enrolled foster child and the school name for each child. Check the box indicating the child is a foster child.</li><li>2. In Part 5, an adult must sign the application. The last four digits of the Social Security Number are not required.</li><li>3. Part 6 and Part 7 are optional for meal benefits.</li></ol>
Part 5: Signature	<b>If some of the children in the household are foster children:</b>
Part 6: Other Benefits	<ol style="list-style-type: none"><li>1. In Part 1, list each enrolled child, include the TANF or Food Stamp case number for any child with a case number, and the name of the</li></ol>
Part 7: Ethnicity and Race	
Review and Submit	

Review the 2022-23 Federal Income Guidelines, then click 'Next'.

Application for Free or Reduced Price Meals and Other Benefits																																																																																											
<b>Steps</b> Letter to Parents Instructions for Applying ➔ Federal Income Chart Privacy Act Statement Non-discrimination Statement <b>Application</b> <ul style="list-style-type: none"> <li>• <b>Part 1:</b> Child Names</li> <li>• <b>Part 2:</b> Benefits</li> <li>• <b>Part 3:</b> Child Status</li> <li>• <b>Part 4:</b> Gross Income</li> <li>• <b>Part 5:</b> Signature</li> <li>• <b>Part 6:</b> Other Benefits</li> <li>• <b>Part 7:</b> Ethnicity and Race</li> </ul> Review and Submit	<div>             Application for Free or Reduced Price Meals and Other Benefits             <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a> </div> <p><b>Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.</b></p> <table border="1"> <thead> <tr> <th colspan="7">FEDERAL INCOME CHART</th> </tr> <tr> <th colspan="7">For School Year 2013-14</th> </tr> <tr> <th rowspan="2">Household Size</th> <th colspan="2">Yearly</th> <th colspan="2">Twice Per Month</th> <th colspan="2">Every Two Weeks</th> </tr> <tr> <th>Monthly</th> <th>Monthly</th> <th>Month</th> <th>Weeks</th> <th>Weekly</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>21,257</td> <td>1,772</td> <td>886</td> <td>818</td> <td>409</td> <td></td> </tr> <tr> <td>2</td> <td>28,694</td> <td>2,392</td> <td>1,196</td> <td>1,104</td> <td>552</td> <td></td> </tr> <tr> <td>3</td> <td>36,131</td> <td>3,011</td> <td>1,506</td> <td>1,390</td> <td>695</td> <td></td> </tr> <tr> <td>4</td> <td>43,568</td> <td>3,631</td> <td>1,816</td> <td>1,676</td> <td>838</td> <td></td> </tr> <tr> <td>5</td> <td>51,005</td> <td>4,251</td> <td>2,126</td> <td>1,962</td> <td>981</td> <td></td> </tr> <tr> <td>6</td> <td>58,442</td> <td>4,871</td> <td>2,436</td> <td>2,248</td> <td>1,124</td> <td></td> </tr> <tr> <td>7</td> <td>65,879</td> <td>5,490</td> <td>2,745</td> <td>2,534</td> <td>1,267</td> <td></td> </tr> <tr> <td>8</td> <td>73,316</td> <td>6,110</td> <td>3,055</td> <td>2,820</td> <td>1,410</td> <td></td> </tr> <tr> <td>Each Additional Person:</td> <td>7,437</td> <td>620</td> <td>310</td> <td>287</td> <td>144</td> <td></td> </tr> </tbody> </table>	FEDERAL INCOME CHART							For School Year 2013-14							Household Size	Yearly		Twice Per Month		Every Two Weeks		Monthly	Monthly	Month	Weeks	Weekly	Weekly	1	21,257	1,772	886	818	409		2	28,694	2,392	1,196	1,104	552		3	36,131	3,011	1,506	1,390	695		4	43,568	3,631	1,816	1,676	838		5	51,005	4,251	2,126	1,962	981		6	58,442	4,871	2,436	2,248	1,124		7	65,879	5,490	2,745	2,534	1,267		8	73,316	6,110	3,055	2,820	1,410		Each Additional Person:	7,437	620	310	287	144	
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Carefully read the Privacy Act Statement, then click 'Next'.

Application for Free or Reduced Price Meals and Other Benefits	
<b>Steps</b> Letter to Parents Instructions for Applying Federal Income Chart ➔ Privacy Act Statement Non-discrimination Statement <b>Application</b> <ul style="list-style-type: none"> <li>• <b>Part 1:</b> Child Names</li> <li>• <b>Part 2:</b> Benefits</li> <li>• <b>Part 3:</b> Child Status</li> <li>• <b>Part 4:</b> Gross Income</li> <li>• <b>Part 5:</b> Signature</li> <li>• <b>Part 6:</b> Other Benefits</li> <li>• <b>Part 7:</b> Ethnicity and Race</li> </ul> Review and Submit	<div>             Application for Free or Reduced Price Meals and Other Benefits             <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a> </div> <p><b>Privacy Act Statement: This explains how we will use the information you give us.</b></p> <p>The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier 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 free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.</p>

Carefully read the Non-discrimination Statement, then click 'Next'.

Application for Free or Reduced Price Meals and Other Benefits	
<b>Steps</b> Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement ➔ Non-discrimination Statement <b>Application</b> <ul style="list-style-type: none"> <li>• <b>Part 1:</b> Child Names</li> <li>• <b>Part 2:</b> Benefits</li> <li>• <b>Part 3:</b> Child Status</li> <li>• <b>Part 4:</b> Gross Income</li> <li>• <b>Part 5:</b> Signature</li> <li>• <b>Part 6:</b> Other Benefits</li> <li>• <b>Part 7:</b> Ethnicity and Race</li> </ul> Review and Submit	<div>             Application for Free or Reduced Price Meals and Other Benefits             <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a> </div> <p><b>Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.</b></p> <p>In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.</p>

Enter the legal name for each of your children attending Center Grove Community Schools (First Name, Middle Initial, Last Name). **Please use the First Name/Middle Initial/Last Name that's listed in Skyward (no nicknames, abbreviated names, etc.).**

Application for Free or Reduced Price Meals and Other Benefits							
<b>Steps</b>	Application for Free or Reduced Price Meals and Other Benefits <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a>						
Letter to Parents	<b>Part 1. Legal Name of Child</b>						
Instructions for Applying	If ALL children listed are foster children, skip to Part 5 and sign. If ANY of the children have a food stamp/TANF case number, skip to Part 5 and sign.						
Federal Income Chart	<input type="checkbox"/> Add More Names to Application						
Privacy Act Statement	Legal Name of Child First Name, Middle Initial, Last Name	Living with Parent or Caretaker Relative	Birthdate	School	Grade	Check if a Foster Child	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)
Non-discrimination Statement							
<b>Application</b>							
➔ <b>Part 1:</b>							
Child Names							
• <b>Part 2:</b>							
Benefits							
• <b>Part 3:</b>							
Child Status							
• <b>Part 4:</b>							
Gross Income							
• <b>Part 5:</b>							
Signature							
• <b>Part 6:</b>							
Other Benefits							
• <b>Part 7:</b>							
Ethnicity and Race							
Review and Submit							

If a member of your household has a valid Food Stamp or TANF case number, enter it on Part 2.

Application for Free or Reduced Price Meals and Other Benefits	
<b>Steps</b>	Application for Free or Reduced Price Meals and Other Benefits <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a>
Letter to Parents	<b>Part 2. If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5.</b>
Instructions for Applying	
Federal Income Chart	
Privacy Act Statement	Name: <input type="text"/> Case Number: <input type="text"/>
Non-discrimination Statement	
<b>Application</b>	
• <b>Part 1:</b>	
Child Names	
➔ <b>Part 2:</b>	
Benefits	
• <b>Part 3:</b>	
Child Status	
• <b>Part 4:</b>	
Gross Income	
• <b>Part 5:</b>	
Signature	
• <b>Part 6:</b>	
Other Benefits	
• <b>Part 7:</b>	
Ethnicity and Race	
Review and Submit	

Check the Homeless, Migrant, or Runaway fields if applicable.

Application for Free or Reduced Price Meals and Other Benefits	
<b>Steps</b>	Application for Free or Reduced Price Meals and Other Benefits <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a>
Letter to Parents	<b>Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Dr. William Long at (317) 881-9326 ext. 1606.</b>
Instructions for Applying	
Federal Income Chart	
Privacy Act Statement	Child Status: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway
Non-discrimination Statement	
<b>Application</b>	
• <b>Part 1:</b>	
Child Names	
• <b>Part 2:</b>	
Benefits	
➔ <b>Part 3:</b>	
Child Status	
• <b>Part 4:</b>	
Gross Income	
• <b>Part 5:</b>	
Signature	
• <b>Part 6:</b>	
Other Benefits	
• <b>Part 7:</b>	
Ethnicity and Race	
Review and Submit	

Enter ALL household members (including children listed on previous step).

**Application for Free or Reduced Price Meals and Other Benefits**

Steps: Application for Free or Reduced Price Meals and Other Benefits [Previous] [Next] [Print] [Back]

Letter to Parents  
Instructions for Applying  
Federal Income Chart  
Privacy Act Statement  
Non-discrimination Statement

**Part 4. List ALL household members.**  
Include all children and adults living in your household.

☐ Add More Names to Application

1. Full Legal Name First Name, Middle Initial, Last Name	2. Gross Income and How Often it was Received [?]					Check if NO Income
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income		
(Example) Jane A. Smith	\$200.00 W	\$150.00 B	\$0.00	\$50.00 W	<input type="checkbox"/>	
	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	
	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	
	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	
	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	
	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	
	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	

Review and Submit

Click the 'Click to Sign' link to electronically sign the application, then fill out the rest of the fields on the page.

**Application for Free or Reduced Price Meals and Other Benefits**

Steps: Application for Free or Reduced Price Meals and Other Benefits [Previous] [Next] [Print] [Back]

Letter to Parents  
Instructions for Applying  
Federal Income Chart  
Privacy Act Statement  
Non-discrimination Statement

**Part 5. Signature**

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Number' box. See Privacy Act Statement**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

\* Sign here:  [Click to Sign](#) \* Print Name:

Date:  Home Telephone:  Ext:

Address:  Work Telephone:  Ext:

City:  State:  Zip Code:

\* Social Security Number:  0000 ☐ I do not have a Social Security Number

Email Address:

By providing your email address, you may be notified by email of your eligibility for free and reduced price school meals.

Review and Submit

**Electronic Signature Agreement**

Electronic Signature Agreement

Under the Federal Electronic Signatures in Global and National Commerce Act, before you may submit this Food Service Account Application electronically, you must be provided with certain of the following information and you must affirmatively agree to the following and thereafter not withdraw your agreement.

Please take a moment to review and acknowledge your understanding and acceptance of this Agreement. By electronically signing this Food Service Account Application, I acknowledge receipt of the application agreement, and I agree to be bound by the terms and conditions of the agreement.

By clicking 'I Agree' and submitting this agreement via the internet, I acknowledge that:

- \* I have read and understood the foregoing Electronic Signature Agreement and that I intend to be bound thereby.
- \* I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with any and all agreements I may enter into, including but not limited to this Electronic Signature Agreement.
- \* I further acknowledge and agree that it is my obligation to immediately advise the school district of any change in my electronic address (i.e., email address).
- \* I further acknowledge and agree that it is my obligation to immediately advise the school district in the event that I withdraw my consent to this Electronic Signature Agreement.
- \* I acknowledge and agree that in the event that any person known to me (whether it be a family member, member of my household or otherwise) misappropriates any of the security devices connected with my Food Service account application and such misappropriation could not reasonably be detected by the school district, the school district shall have the right to treat all resulting electronic signatures as though they were affixed by the person whose name is typed below.
- \* I acknowledge and agree that the individual completing this electronic account application is the individual in whose name the account is set up, or is someone authorized to submit this

Designate whether or not you also want to receive textbook assistance. **Students who qualify for Free or Reduced Assistance must select YES to receive FREE TEXTBOOKS AND SUPPLIES in Center Grove Community Schools.** If signing Yes, fill out the required fields.

Application for Free or Reduced Price Meals and Other Benefits	
<b>Steps</b> Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement Non-discrimination Statement <b>Application</b> <ul style="list-style-type: none"> <li>Part 1: Child Names</li> <li>Part 2: Benefits</li> <li>Part 3: Child Status</li> <li>Part 4: Gross Income</li> <li>Part 5: Signature</li> <li><b>Part 6: Other Benefits</b></li> <li>Part 7: Ethnicity and Race</li> </ul> Review and Submit	<b>Application for Free or Reduced Price Meals and Other Benefits</b> <div> <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a> </div> <hr/> <b>Part 6. Other Benefits</b> This section does not need to be completed to receive free or reduced price meal benefits.  Do you want to receive textbook assistance? <input type="text" value="NO"/> If Yes, <b>SIGN BELOW</b> I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will 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. Signature of Parent/Guardian: <input type="text"/> <a href="#">Click to Sign</a> Date: <input type="text"/> Printed Name: <input type="text"/>  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. Signature of Parent/Guardian: <input type="text"/> <a href="#">Click to Sign</a> Date: <input type="text"/> Printed Name: <input type="text"/> For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

Finally you will review the information you have provided and click Submit to submit the application for review.  
 The application will show Pending status until the application is reviewed by the Food Service Department.

Application for Free or Reduced Price Meals and Other Benefits																																																		
<b>Steps</b> Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement Non-discrimination Statement <b>Application</b> <ul style="list-style-type: none"> <li>Part 1: Child Names</li> <li>Part 2: Benefits</li> <li>Part 3: Child Status</li> <li>Part 4: Gross Income</li> <li>Part 5: Signature</li> <li>Part 6: Other Benefits</li> <li>Part 7: Ethnicity and Race</li> </ul> Review and Submit	<b>Application for Free or Reduced Price Meals and Other Benefits</b> <div> <a href="#">Previous</a> <a href="#">Print</a> <a href="#">Back</a> </div> <hr/> Please review the completed application and click the button to submit the application.  <div> <a href="#">Submit Application</a> <span style="font-size: 2em; margin: 0 10px;">←</span> <b>NOTE: The application has not yet been submitted. This application will not be considered until the <a href="#">Submit Application</a> button is clicked.</b> </div> <hr/> <b>Part 1. Legal Name of Child</b> If ALL children listed are foster children, skip to Part 5 and sign. If ANY of the children have a food stamp/TANF case number, skip to Part 5 and sign. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Legal Name of Child First Name, Middle Initial, Last Name</th> <th>Living with Parent or Caretaker Relative</th> <th>Birthdate</th> <th>School</th> <th>Grade</th> <th>Check if a Foster Child</th> <th>TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="text"/></td></tr> </tbody> </table> <b>Part 2.</b> If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5. Name: <input type="text"/> Case Number: <input type="text"/> <b>Part 3.</b> If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Dr. William Long at (317) 881-9326 ext. 1606.	Legal Name of Child First Name, Middle Initial, Last Name	Living with Parent or Caretaker Relative	Birthdate	School	Grade	Check if a Foster Child	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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At this point the application is sent electronically to the Food Service Department where it will be reviewed for approval or denial.  
 After the application is reviewed you will receive an email indicating if the application was approved or denied for benefits.  
 If you have any questions about the online Free/Reduced Application, please contact the Center Grove Food Service Department at 317-881-9326.