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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Southwest Dubois County School Corporation</b><br>2025-2026 Household Application for Free and Reduced Price School Meals<br>Complete one application per household. Please use a pen (not a pencil). | Prescribed by State Board of Accounts School Form No. 521/2025<br>Apply Online: <a href="https://www.myschoolapps.com/">https://www.myschoolapps.com/</a><br>Return to: Huntingburg Elementary, Holland Elementary, Southridge HS/MS<br>Address: 105 West Sunset Drive Huntingburg, Indiana 47542 |
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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.

| Child's First Name | MI | Child's Last Name | Grade | Check all that apply.    | Foster                   | Migrant                  | Runaway                  | Homeless                 | Only for Students | Name of School Building | Birthdate | Living with parent or caretaker relative? |                          |
|--------------------|----|-------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|-------------------------|-----------|-------------------------------------------|--------------------------|
|                    |    |                   |       |                          | Yes                      | No                       |                          |                          |                   |                         |           |                                           |                          |
|                    |    |                   |       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |                         |           | <input type="checkbox"/>                  | <input type="checkbox"/> |
|                    |    |                   |       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |                         |           | <input type="checkbox"/>                  | <input type="checkbox"/> |
|                    |    |                   |       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |                         |           | <input type="checkbox"/>                  | <input type="checkbox"/> |
|                    |    |                   |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                   |                         |           | <input type="checkbox"/>                  | <input type="checkbox"/> |

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

|                                             |                                                                              |                                                                                         |
|---------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| NO <input type="checkbox"/> → Go to STEP 3. | YES <input type="checkbox"/> → Write case number here and proceed to STEP 4. | CASE NUMBER (NOT EBT NUMBER): <div>Write only 10-digit case number in this space.</div> |
|---------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

**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.

| Name of Adult Household members (First and Last) | Earnings from Work | How often received?      |                          |                          |                          |                          | Public Assistance, Child Support, Alimony | How often received?      |                          |                          |                          |                          | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income | How often received?      |                          |                          |                          |                          |
|--------------------------------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                  |                    | Weekly                   | Every 2 Weeks            | 2x Month                 | Monthly                  | Annual                   |                                           | Weekly                   | Every 2 Weeks            | 2x Month                 | Monthly                  | Annual                   |                                                                           | Weekly                   | Every 2 Weeks            | 2x Month                 | Monthly                  | Annual                   |
|                                                  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                  | \$                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                         |  |                                                                                                                    |  |  |  |  |  |                                                              |
|---------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--------------------------------------------------------------|
| 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: <input type="checkbox"/> |
|---------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--------------------------------------------------------------|

**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.

|  | Child Income | How often received?      |                          |                          |                          |                          |
|--|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |              | Weekly                   | Every 2 Weeks            | 2x Month                 | Monthly                  |                          |
|  | \$           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

|                                      |  |  |                     |       |     |                  |  |                  |
|--------------------------------------|--|--|---------------------|-------|-----|------------------|--|------------------|
| Print Name of Adult Signing the Form |  |  | Signature of Adult: |       |     | Today's Date:    |  |                  |
| Mailing Address (if available)       |  |  | City                | State | Zip | Phone (optional) |  | Email (Optional) |

|                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>STEP 5</b>                                                                                                                                                                                                                        |  | <b>Other Benefits- This section does not need to be completed to receive free or reduced price meal benefits.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <p>Do you want to receive Textbook Assistance?</p> <p><input type="checkbox"/> YES If yes, sign to the right →</p> <p><input type="checkbox"/> NO *Textbook signature is only required for students attending nonpublic schools.</p> |  | <p>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.</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40%; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 20%; height: 40px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <p>Signature of Adult Completing Form</p> <p>Today's Date</p> </div> |  |
|                                                                                                                                                                                                                                      |  | <p><b>School Use Only:</b></p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Not Applicable</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |