# Hanover Community School Corporation

## 2025-2026 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Prescribed by State Board of Accounts School Form No. 521/2025

Apply Online: www.mealtimeapps.com
Return to: HCSC Nutrition Department
Address: 14525 Wicker Ave Cedar Lake, IN 46303

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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ |

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

NO ☐ → Go to STEP 3.

YES ☐ → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only 10-digit case number in this space.

**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? Weekly | Every 2 Weeks | 2x Month | Monthly | Annual | Public Assistance, Child Support, Alimony | How often received? Weekly | Every 2 Weeks | 2x Month | Monthly | Annual | Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income | How often received? Weekly | Every 2 Weeks | 2x Month | Monthly | Annual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |

| 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: ☐ |
|---|---|---|---|---|---|---|---|

**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 | Annual |
|---|---|---|---|---|---|
| $ | ☐ | ☐ | ☐ | ☐ | ☐ |

**STEP 4** **Contact information and adult signature.** **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL:** Or HCSC Nutrition Department 14525 Wicker Ave Cedae Lake, IN 46303

"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) |
|---|---|---|---|---|---|
| | | | | | |

**STEP 5** **Other Benefits- This section does not need to be completed to receive free or reduced price meal benefits.**

Do you want to receive Textbook Assistance?

☐ YES If yes, sign to the right →

☐ NO *Textbook signature is only required for students attending nonpublic schools.

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 Adult Completing Form | Today's Date

School Use Only:
☐ Approved
☐ Denied
☐ Not Applicable

**Optional** **Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

**We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.**

**Ethnicity (check one):** ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

**Race (check one or more):** ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

**Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

**DO NOT FILL OUT** **For school use only.**

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

| Total Income: | How often received? | | | | | Household Size: | Categorical Eligibility ☐ | Eligibility Determination | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Weekly | Every 2 Weeks | 2x Month | Monthly | Annual | | | Free | Reduced | Denied |
| | ☐ | ☐ | ☐ | ☐ | ☐ | | | ☐ | ☐ | ☐ |

Determining Official's Signature | Date

For use at verification

Confirming Official's Signature | Date

Verifying Official's Signature | Date

**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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture,
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Mail Stop
9410, Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

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

USDA is an equal opportunity provider, employer, and lender.