



George & Veronica Phalen Leadership Academy

2323 N. Illinois St. * Indianapolis, IN. 46208

Phone: (317) 333-6980 Fax: (317) 924-8383

Enrollment Document Checklist 2018-2019

Enrollment process is NOT complete until all documents listed below are received & placed in the scholar's CUM file. If the documents have not been received, please contact the National Director of Enrollment, Uyvette Stepp at (317) 333-6980 x 1006.

Scholar Name: _____

STN: _____

- COMPLETED & SIGNED Enrollment Application (FRONT & BACK)
- COMPLETED & SIGNED Scholar Pick-Up & Emergency Release Authorization Form
- COMPLETED & SIGNED FERPA Consent Form
- COMPLETED & SIGNED Parent Compact
- COMPLETED & SIGNED Telephone Consumer Protection Act Form
- COMPLETED & SIGNED Free Lunch Application (**ALL** Families **MUST** Complete)
- COMPLETED & SIGNED Medication Consent Form
- Records Request Form & Copy of School Records from previous school
- Copy of parent(s) or guardian(s) State issued ID or Driver License
- Copy of Birth Certificate or Guardianship Documents
- Copy of IEP (IF applicable)
- Copy of Immunization Shot Records

Please contact me if you need any help or have any questions regarding enrollment documentation and or processes.

Uyvette Stepp
National Director of Enrollment

Initials: _____

Date: _____



Phalen Leadership Academy – Enrollment Application

| | | |
|---------------------|--------------------------------|---------------|
| Scholar # _____ | Office Use Only Grade _____ | GeoCode _____ |
| Date Enrolled _____ | Teacher _____ | |

| Scholar Information | | | |
|-------------------------------|-----------------------|-----------------------|--|
| Scholar Last Name | First Name | Middle Name | Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl |
| Scholar Date of Birth | Age | Grade | Place of Birth |
| Current Street Address | | City | Zip Code |
| Mailing Address, if different | | City | Zip Code |
| Home Phone () () | Cell Phone () () | Work Phone () () | |
| Parent E-mail Address | | | |

By Court Order, this child may not be legally released into the custody of:
(We will need a copy of this court order for our files) _____

| Last School Attended | | | |
|---|--------------------|------------------------|-------------------|
| Name of School | Date Last Attended | Grade | City/County/State |
| Has Scholar previously attended a PLA school? * <input type="checkbox"/> Yes <input type="checkbox"/> No | | Last School Entry Date | |

| Family Information <i>(Write your First and Last Name)</i> | | Check if Scholar lives with | |
|--|-------------------------------|--------------------------------------|----------------------------------|
| Circle One Father / Stepfather | Foster / Caregiver / Guardian | <input type="checkbox"/> | Phone Number |
| Mother / Stepmother | Foster / Caregiver / Guardian | <input type="checkbox"/> | Phone Number |
| Is Duplicate Mailing needed? If so, address | | <input type="checkbox"/> Grades Only | <input type="checkbox"/> Spanish |
| | | <input type="checkbox"/> All Mail | |

| Other Children Living At Home | | | |
|-------------------------------|---------------|-------|--------|
| Name (First and Last) | Date of Birth | Grade | School |
| | | | |
| | | | |

| Ethnic Origin <i>(Please check the primary group with which the Scholar most closely identifies)</i> | |
|---|-------------------------------------|
| Ethnicity (Select One): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |
| Race (Select One or More) Mark "1" for first, Mark "2" for second: | |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |

Scholar's First Language: _____ Language(s) spoken at home: _____

| Health Information | |
|--|--|
| Check all that apply: <i>(** please explain in "Comments")</i> | |
| <input type="checkbox"/> Heart Problems ** | <input type="checkbox"/> Uses wheelchair, walker, crutches |
| <input type="checkbox"/> Physical Restrictions*** | <input type="checkbox"/> Allergies** (<input type="checkbox"/> Epi-Pen needed***) |
| <input type="checkbox"/> Diet Restrictions*** | <input type="checkbox"/> Diabetes (<input type="checkbox"/> Insulin Dependent***) |
| <input type="checkbox"/> Seizures (<input type="checkbox"/> Medication Required***) | <input type="checkbox"/> Other illness, disability, special needs medications** |
| <input type="checkbox"/> Asthma Inhaler (Diagnosed by Doctor***) | |
| <input type="checkbox"/> Diagnosed ADD/ADHD (Diagnosed by Doctor ***) | |

***Requires Doctor's Note/Completion of Doctor's Authorization Form
Comments:
 504 Plan _____

| Special Education | |
|---|---|
| <input type="checkbox"/> My Child HAS an IEP and is scheduled for Special Education Classes | |
| Please see below to log any of the areas of Special Education you see listed: | |
| <input type="checkbox"/> Resource Specialist Program | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Speech/Language Impaired |
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Specific Learning Disabilities |
| <input type="checkbox"/> Severely Handicapped | <input type="checkbox"/> District Program |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> County Program |
| <input type="checkbox"/> Visually Handicapped | <input type="checkbox"/> Non-Public School |
| <input type="checkbox"/> Orthopedically Handicapped | <input type="checkbox"/> My Child has Never attended or been scheduled for Special Education Classes |

| Past Behavior History | |
|--|--|
| <input type="checkbox"/> My child has not been expelled from a public/private school or district* | |
| <input type="checkbox"/> My child has been expelled from a public/private school or district* | |
| <input type="checkbox"/> My child is currently being referred for expulsion from a public/private school or district* | |
| <input type="checkbox"/> My child has not previously been suspended from a public/private school or district* | |
| <input type="checkbox"/> My child has previously been suspended from a public/private school.* | |

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent Signature: _____

Date: _____

*Parents are required by law to divulge this information (EC48918)



Phalen Leadership Academy – Enrollment Application

| | | | |
|---------------------|------------------------|---------------|---------------|
| Scholar ID # _____ | <i>Office Use Only</i> | Grade _____ | GeoCode _____ |
| Date Enrolled _____ | | Teacher _____ | |

| | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------|
| Scholar Last Name | | Middle Name | Gender Boy Girl |
| Scholar Date of Birth | Age | Grade | Place of Birth |
| Current Street Address | City | | Zip Code |
| Parent/Guardian Name | Email | | Relation to scholar |
| Parent/Guardian Home Phone () | Parent/Guardian Cell Phone () | Parent/Guardian Work Phone () | |

Parent Education Level

This information is for statistical/survey information only and will be kept confidential.

Please check the box that most closely pertains to **parents/guardians**:

- Graduate school/post graduate training
- High School Graduate
- College Graduate
- Not a High School Graduate
- Some College (includes AA degree)
- Declined to State

SCHOOL PROPERTY RESPONSIBILITY & ACKNOWLEDGMENT

LIABILITY

The parent/guardian/student may be held responsible for the cost to repair and/or replace, at the date of incident, any school property, equipment or iPad/Technology Device, and accessories: **a)** not returned, **b)** intentionally damaged, **c)** lost or damaged because of negligence, **d)** stolen, but not reported to school and/or police by end of the next school day.

DAMAGED AND LOST OR STOLEN IPAD/TECHNOLOGY DEVICES

- Users will report any damaged or lost iPad/Technology devices to school authorities.
- Users will bring damaged iPad/Technology devices to the office and fill out an incident report.
- If the iPad/Technology device is lost or stolen, the parent/student is required to file a police report in order to receive a replacement iPad/Technology device. Otherwise, replacement is the financial responsibility of the student/parent.
- Damaged iPad/Technology devices that are not in a district issued case will be the financial responsibility of the student/parent.

PARENTAL RESPONSIBILITY FOR BODILY INJURY AND PROPERTY DAMAGE IN INDIANA

Under Indiana Code, Section 34-31-7, a parent/guardian will be financially responsible for certain harm to a person or damage to property, stemming from a minor's conduct if: the parent or guardian has custody of the minor child, and the child is living with the parent or guardian.

Parent Initials: _____

CONSENT TO RELEASE PHOTO/IMAGE

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentations or broadcasts via newspaper, TV, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for Phalen Leadership Academies to photograph my child for school purposes and/or at school events.

____ No, I do not authorize Phalen Leadership Academies to photograph for my child for any event.

Parent Initials: _____

Indiana Department of Education ~ English Learner Programs
<http://www.doe.in.gov/achievement/English-learners>

HOME LANGUAGE SURVEY

To be completed by parents upon scholar enrollment to determine scholar's status as language minority. The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

What is the native language of the scholar? _____

What language(s) is spoken most often by the scholar? _____

What language(s) is spoken by the scholar in the home? _____

If a language other than English is indicated for any of the questions, the scholar is considered to be a language minority scholar. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

X _____
Signature of Parent/Guardian (All Authorizations)

Date: _____

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Parent Compact

Families and schools must work together to help students achieve high academic standards. Through a process that included teachers, families, students and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out to support student success in school and life.

Staff Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Provide a safe and supportive learning environment.
- Teach classes with an interesting and challenging curriculum that promotes student achievement.
- Motivate my students to learn.
- Set high expectations and help every child be successful in meeting Indiana academic achievement standards.
- Communicate frequently and meet annually with families about student progress and the school-parent compact.
- Provide opportunities for parents to volunteer, participate, and observe in my classroom.
- Participate in professional development opportunities that improve teaching and learning.
- Support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making with parents and school colleagues to make our school accessible and welcoming for families.

Student Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Come to school ready to learn and work hard.
- Bring necessary materials, completed assignments, and homework.
- Know and follow school and class rules.
- Communicate regularly with my parents and teachers _____
- _____ my TV watching, video game playing, and internet usage.
- Study and read every day after school.
- Respect the school, classmates, staff, and families.

Parent/Family Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Show my child that I value education.
- Communicate the importance of education and learning to my child.
- Take time every day to talk with my child about his/her school work.
- Provide a quiet time and place for homework and monitor TV viewing.
- Read to my child and encourage my child to read every day (20 minutes K-3 and 30 minutes for grade 4-6)
- Ensure that my child attends school every day and gets adequate sleep, regular medical attention and proper nutrition.
- Regularly monitor my child's progress in school.
- Participate, as appropriate, in decisions about my child's education.
- Participate, as requested, in a classroom and school activities.
- Visit the school and meet the principal/deans, teachers, and staff.
- Attend parent-teacher conferences.
- Respect the school, staff, students, and families.

Student

Teacher

Parent(s)/Guardian(s)

Scholar Pick-Up AND Emergency Release Authorization Form



Scholar Name: _____ Teacher: _____ Grade: _____

Please list below **ALL** persons, **INCLUDING** parents/guardians, who are authorized to pick up your child from school and in the event of an emergency. **NOTE:** For your scholar's safety, **ALL** authorized persons will be asked for photo identification. Please inform the persons on the list in advance of this precautionary measure. Persons may be added to the list or removed at any time, please inform school of any changes to this form. **ALL** families **MUST** complete this form. Your scholar will **NOT** be released to anyone **NOT** authorized. Authorization will be determined based on this form submitted by the parent/guardian. It is the parent/guardian responsibility to keep this information current

| | | |
|-------------------|------------------|--|
| Contact 1: | Relation: | Phone Numbers: Cell: Home: Work: |
| Contact 2: | Relation: | Phone Numbers: Cell: Home: Work: |
| Contact 3: | Relation: | Phone Numbers: Cell: Home: Work: |
| Contact 4: | Relation: | Phone Numbers: Cell: Home: Work: |
| Contact 5: | Relation: | Phone Numbers: Cell: Home: Work: |

NOTE: In case I am/We are unable to be reached during an emergency, I/We hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical dental, hospital or surgical care to the above name scholar. I certify that all information is accurate and that it is my responsibility to inform the school of any changes in residency, phone numbers or emergency release contacts.

Parent(s)/Guardian(s) Signature: _____ Date: _____



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FERPA Consent Form

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children’s education records.

The purpose of this form is to provide consent to the disclosure of the following information and/or records to Phalen Leadership Academy staff for an internal review of educational records.



- Birth Certificate or Guardianship Documents
- Immunization Records
- Technology Agreement
- School Messenger Consent
- Enrollment Application
- Home Language Survey
- Student & Parent Compact Pledge
- Scholar Release & Emergency Release Authorization
- Updated Phone and Email Address

I, _____, (parent or guardian’s name) do hereby grant permission to Phalen Leadership Academies staff members participating in the internal review to have full access to _____ records.
(Scholar’s Name)

Parent(s)/Guardian(s) Signature: _____

Relationship to Scholar: _____

Contact Number/Email: _____

Date: _____



Phalen Leadership Academies

Request to Administer Medication to **STUDENT DURING THE SCHOOL DAY** **2018-2019**

If it becomes necessary for a student to take medication or receive treatment during the school day, the parent or guardian must complete this request form and staff must securely file it in the school office. If the medication or treatment is physician prescribed, the parent or guardian must submit a written prescription from the child's physician or the current pharmacy label with the request. A physician's order is also necessary for prescription samples that may have been released to student, or for any over-the-counter medication that is not recommended for children under age twelve.

All other over-the-counter medication must be in the original container labeled with the student's name and date of birth. Label instructions will be followed for all over-the-counter medicine unless otherwise prescribed by a physician.

This request is in effect for one school year and must be renewed annually or whenever there is a change in medication.

Parent's or Guardian's Authorization

I request that the medication described below be administered to my child/ward at the times specified during the school day. I will give the school the medication in its original container or current prescription bottle.

I understand that a parent or guardian will transport all medication to and from school for grades K-8. Medications must be picked up by the last day of school, or medications will be discarded.

- I give my permission for my child in grades 9-12 to bring home any unused medication.

I understand that a separate form must be completed for each medication.

I understand that this medication will be administered to my child only by authorized staff members and will be kept in a secure location within the school nurse clinic.

Student's Name (Please Print)

Student's Date of Birth: ____/____/____
Month Day Year

Name of Medication

Prescribed _____ Over-the-Counter _____

Days Medication to be given

Times(s) to administer: ____ a.m. ____ p.m.

Amount of Medication to be given

Lot # or Rx# _____

Purpose of Medication

Refrigeration Required? Yes _____ No _____

Signature of Parent or Guardian

Date

Printed Name

Phone: Home / Cell / Work



Phalen Leadership Academies
www.PhalenAcademies.org

Dear PLA Parent(s)/Guardian(s),

The Telephone Consumer Protection Act bars the use of automated calling systems such as School Messenger for non-emergency purposes without express written consent of individuals. Therefore, Phalen Leadership Academies-Indiana, Inc., will discontinue all non-emergency automated calls (including absence verification calls) until written consent of Parent(s)/Guardian(s) is obtained. Please review the permission slip below and indicate your approval to receive non-emergency messages via School Messenger. Upon receipt of this document, your account will be updated accordingly within the system as per your request. Parents(s)/Guardian(s) must sign and return a copy of the permission slip, no later than October 30th of the current school year. Failure to return the permission slip will result in a deactivation of the family's School Messenger Account. If you have questions about this notification, please contact the school Principal/Deans.

Scholar Name: _____

Parent(s)/Guardian(s) Name: _____

Preferred Contact Number: _____

Secondary Contact Number: _____

I give Phalen Leadership Academies-Indiana, Inc., permission to send non-emergency messages to the phone numbers listed above via call, text, email or by way of an automate dialing system, such as School Messenger.

Parent(s)/Guardian(s) Signature: _____

Expectation of Excellence...Attitude, Action, & Achievement

www.phalenacademies.org

George & Veronica Phalen Leadership Academy
2018-2019 Household Application for Free and Reduced Price School Meals

Prescribed by State Board of Accounts
 School Form No. 521/2018

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

STEP 1 List ALL infants, children, and students up to grade 12 who are members of your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | Student? | | Only Students: | | Only Students: | | Only Students: | | Living with parent or caretaker relative? | | Foster Child | Homeless, Migrant, Runaway |
|--------------------|----|-------------------|--------------------------|--------------------------|-------------------------|-----------|----------------|-----|----------------|-------------------------------------|---|--------------------------|--------------------------|----------------------------|
| | | | Yes | No | Name of School Building | Birthdate | Grade | Yes | No | | | | | |
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | | | <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) currently participate in one or more of the following assistance programs: SNAP (Food Stamp) or TANF?

If **NO** > Go to STEP 3.

If **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: / / / / / / / / / /

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what to do here?
 Please read **How to Apply for Free and Reduced Price School Meals** for more information.

The **Sources of Income for Children** section will help you with the **Child Income** question.

The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the **TOTAL** income received by all children in household listed in STEP 1 here.

Child income \$

How often? Weekly Every 2 Wks 2x Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report **total (gross) income before any taxes or 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? | | | | Public Assistance/ Child Support/Alimony | How often? | | | | Pensions/Retirement/ All Other Income | How often? | | | |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Every 2 Wks | 2x Month | Monthly | | Weekly | Every 2 Wks | 2x Month | Monthly | | Weekly | Every 2 Wks | 2x Month | Monthly |
| 1 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To: [2323 N. Illinois St. Indianapolis, IN. 46208] Turn for Textbook Benefits

"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 (check) 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."

Printed name of adult completing the form

Signature of adult completing the form

Today's date

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and 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
 No

If yes, **sign to the right** →

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 the form

Today's date

School Use Only:

- Approved
 Denied
 Not Applicable

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 adult completing the form

Today's date

For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

OPTIONAL Children's Racial and Ethnic Identities

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
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

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.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
(202) 690-7442; or
email: program.intake@usda.gov
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INCOME CONVERSION to YEARLY:

WEEKLY X 52

EVERY 2 WEEKS X 26

TWICE A MONTH X 24

MONTHLY X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income:\$_____ per: Weekly Every 2 Weeks Monthly Twice a Month Yearly

OR Categorical Eligibility: Food Stamps/TANF Migrant Homeless Runaway Foster

Eligibility Determination: Approved Free Approved Reduced Price Denied

Reason for Denial: Income Too High Incomplete Application Other _____

Type of Eligibility Notification Provided (if denied, notification must be written): Verbal Written Date: _____

Signature of Determining Official: _____ Date: _____ Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____ Application Direct Verified? Yes No

Date Verification Notice Sent: _____

Date Response Due from Households: _____

Date Second Notice Sent (or N/A): _____

Approval Based On:

Food Stamps / TANF Case Number

Household Size and Income

Other _____

Verification Results:

No Change

Free to Reduced

Free to Paid

Reduced to Free

Reduced to Paid

Reason for Change:

Income: _____

Household Size: _____

Change in Food Stamps /TANF

Did not respond

Other: _____

Date Notice of Change Sent: _____

Date Change Made: _____

Request for Appeal

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____ Date: _____