

ALTERNATE HOUSEHOLD APPLICATION PARENT LETTER

This letter should accompany the Alternate Household Application for Free and Reduced Eligibility used by schools implementing the Community Eligibility Provision (CEP) and schools that do not implement the National School Lunch Program but need to collect free and reduced data for other funding opportunities.

What does this mean for you and your children attending a participating school?

All enrolled students, at a school that is implementing CEP, are eligible to receive a healthy breakfast and lunch at no charge to your household. No further action is required of you. Your child(ren) will be able to participate in the meal programs without having to pay a fee or complete an application.

Why should we fill out an application?

Free and reduced eligibility needs to be determined in order for households to qualify for the Summer EBT (SUN Bucks) Program, other educational benefits, and funding opportunities for your school. Some examples of other educational benefits may include: test/exam fee reduction or waiver, and eligibility for other discounts or program opportunities.

How may children be approved for free or reduced eligibility?

The following are ways in which children may be approved for free or reduced eligibility: children in households receiving SNAP (Food Stamps) or TANF benefits; foster children who are under the legal responsibility of a foster care agency or court; homeless or migrant children identified by the school's liaison; and households with a gross income that is within the limits of the Federal Income Guidelines.

To apply, complete a 2024-2025 Alternate Household Application for Free and Reduced Eligibility. Return the completed application to the school. You will be notified when your application is approved or denied.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2024-25			
Household size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each additional person:	+9,953	+830	+192

Additional Questions & Answers

1. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for the first few days of the new school year. Contact the school corporation for the appropriate deadline. You must complete a new application unless the school told you that your child is eligible for the new school year.
2. **Can homeless, runaway, or migrant children be approved for free or reduced benefits?** Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free benefits. If you believe children in your household meet these descriptions please call the school's homeless liaison/migrant coordinator at 765-345-5455 to see if they qualify.
3. **Who do I include as members of my household?** You must include all people living in your household, related or not (including grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all of your children who live with you. Do not include other people who live with you who are economically independent (those that pay equal share in rent, utilities, bills, and all expenses).
4. **What if my income is not always the same?** List the amount you normally receive. For example, if you normally receive \$1,000 each month, but you missed some work last month and only received \$900, record \$1,000 per month. If you normally receive overtime, include it, but not if you receive it occasionally. If you are a seasonal or a 9, 10, or 11 month employee, list the amount you normally receive. If you have lost your job or had your hours or wages reduced, use your current income.
5. **We are in the military, do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, these must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
6. **If my children do not qualify now, may I reapply later?** Yes, you may reapply any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible if the household income drops below the income limit.
7. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply.
8. **Will the information I give be checked?** Yes, we may ask you to provide written proof of income to verify eligibility.

If you have other questions or need help, call Stephanie Madison, Director of Business, at 765-345-5101.

HOW TO COMPLETE THE ALTERNATE HOUSEHOLD APPLICATION

Please use these instructions to help you fill out the Alternate Household Application for Free and Reduced Eligibility. You only need to submit one application per household, even if your children attend more than one school in Charles A Beard Memorial Schools. The application must be filled out completely to certify your children for free or reduced benefits. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **Stephanie Madison, 765-345-5101, stephanie.madison@cabeard.k12.in.us**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12 IN THE HOUSEHOLD

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **Charles A Beard MSC**, regardless of age.

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at Charles A Beard MSC? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Charles A Beard MSC. If you marked 'Yes,' write the name of the school building, birthdate, and grade level of the student in the 'Grade' column to the right. Is the child living with parent or caretaker relative? Mark 'Yes' or 'No' next to each child.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
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STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TANF?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP).
- Temporary Assistance for Needy Families (TANF).

<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> ● Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> ● Write a case number for SNAP or TANF. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: 1-800-403-0864. ● Go to STEP 4.
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled “**Sources of Income for Adults**” and “**Sources of Income for Children**,” located below to determine if your household has income to report.

Sources of Income for Children	
Sources of Child Income	Example(s)
-Earnings from work	-A child has a regular full or part-time job where they earn a salary or wages
-Social Security -Disability Payment -Survivor’s Benefits	-A child is blind or disabled and receives Social Security benefits -A parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	-A friend or extended family member regularly gives a child spending money
-Income from any other source	-A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pension/Retirement/ All Other Income
-Salary, wages, cash bonuses -Net income from self-employment (farm or business) If you are in the U.S. Military: -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing	-Unemployment benefits -Worker’s compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran’s benefits -Strike benefits	-Social Security (including railroad retirement and black lunch benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities -Investment income -Earned interest -Rental income -Regular cash payments from outside household

- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes
 - Many people think of income as the amount they “take home” and not the total, “gross” amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a “0” in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked “Child Income.” Only count foster children’s income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household’s income AND do not contribute income to your household.
 - Infants, Children and students already listed in **STEP 1.**

B) List adult household members’ names. Print the name of each household member in the boxes marked “Names of Adult Household Members (First and Last).” Do not list any household members you listed in STEP 1. If a child listed in **STEP 1** has income, follow the instructions in **STEP 3, part A.**

C) Report earnings from work. Report all income from work in the “Earnings from Work” field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.
What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony. Report all income that applies in the “Public Assistance/Child Support/Alimony” field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as “other” income in the next part.

E) Report income from pensions/retirement/all other income. Report all income that applies in the “Pensions/Retirement/ All Other Income” field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in **STEP 1** and **STEP 3.** If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled “Check if no SSN.”

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy statements on the back of the application.

A) Print your name and sign and date it as well.

B) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for benefits. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

C) Mail Completed Form to:
Charles A Beard Memorial Schools
8139 W US 40
Knightstown, IN 46148

D) Share children’s racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children’s race and ethnicity. This field is optional and does not affect your children’s eligibility for free or reduced price benefits.

STEP 5: OTHER BENEFITS – OPTIONAL

The following sections are optional and do not affect your children’s eligibility for curricular material assistance or other benefits.

Summer EBT (SUN Bucks) - If you want to receive Summer EBT (SUN Bucks) for all eligible school-aged children the following summer, an adult must sign off and fill out this section. An address is required to receive your Summer EBT card. Make sure your address stays up-to-date with the school so the card arrives at the correct location in the summer. Work with the school if you lack permanent housing and need to come up with an alternative address for card delivery.

If signing this section you are agreeing to the following:

“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 or if I am already receiving Summer EBT benefits in another state, I may be prosecuted under applicable State and Federal laws.”

Please note! Students attending schools that do not operate the National School Lunch Program cannot be approved with an application. Instead they can only qualify if they receive SNAP, TANF, certain levels of income based Medicaid, or are designated as foster, homeless, or migrant AND are between the ages of 7 and 18. Households with students that meet these qualifications can visit www.indianasunbucks.com for more information.

Charles A Beard Memorial Schools

2024-2025 Alternate Household Application for Free and Reduced Eligibility

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

Apply Online: www.cabeard.k12.in.us

Return to: Charles A Beard Memorial Schools

Address: 8139 W US Hwy 40, Knightstown, IN 46148

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?			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				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 → 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?					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:

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
\$	<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 SCHOQ8139 W US Hwy 40, Knightstown, IN 46148

Turn Over for More Information on the Back

This application information may be shared with other offices within the Indiana Department of Education, to be used in determining Title I allocations, Choice Scholarships, and other funding opportunities. 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 or if I am already receiving Summer EBT benefits in another state 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 Optional Benefits - Summer EBT and Textbooks*

Summer EBT (SUN Bucks) - This application information may be shared with the Indiana Department of Education, to be used in determining Summer EBT (SUN Bucks) eligibility. 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 or if I am already receiving Summer EBT benefits in another state, 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 (this is where SUN Bucks card will be delivered)	Unit #	City	State	Zip	Phone	Email (optional)	

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 <input type="checkbox"/>	Eligibility Determination			<div style="border: 1px solid black; width: 150px; height: 30px; margin-bottom: 5px;"></div> Determining Official's Signature	<div style="border: 1px solid black; width: 80px; height: 30px; margin-bottom: 5px;"></div> Date
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual			Free	Reduced	Denied		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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.

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

* MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442;or
EMAIL: Program.Intake@usda.gov

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

Return completed form to your child's school.

This institution is an equal opportunity provider.