Indianapolis Public Schools

CORP. NO. 5385
School Form No. 521
Approved by State Board of Accounts

2016-2017 APPLICATION FOR EDUCATIONAL BENEFITS

Please read the enclosed How to Apply letter for instructions. USE ONE APPLICATION PER HOUSEHOLD. For assistance, call 226-4951.

USE BLACK INK; PRINT NEATLY. Sign and send the application to the school cafeteria or mail to the IPS Foodservice Department, 4125 Producers Dr., Indianapolis, IN 46218

1 LIST ALL STUDENTS ATTENDING INDIANAPOLIS PUBLIC SCHOOLS

Print Legal Name of Students Attending IPS: First Name	MI	Last Name	Birthdate (M M D D Y Y)	IPS School	Check Box if Foster Child	Check Box if Homeless, Migrant, or Runaway	2 TANF or SNAP Case #. (List TANF # if both benefits are received.)	3 Student's Gross Income (in whole dollars)	How Often?
			/ /		☐	☐		$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
			/ /		☐	☐		$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
			/ /		☐	☐		$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
			/ /		☐	☐		$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
			/ /		☐	☐		$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
			/ /		☐	☐		$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○

4 If there is a household member (adult or non-student) that has a valid SNAP or TANF Case #, please enter that information and then go to Part 6.

(Name) _____ (Case #) ☐☐☐☐☐☐☐☐☐

5 List ALL Household Members (include children not attending Indianapolis Public Schools)

REPORT INCOME FROM ALL SOURCES FOR ALL HOUSEHOLD MEMBERS
List TOTAL Gross Income (before deductions) in whole dollars.
Examples: $100 / monthly or $100 / every 2 weeks or $100 / twice a month or $100 / weekly

Print first and last name of all adults and children not listed above	Gross Earnings from Work (Before Deductions): ALL JOBS	How Often?	Public Assistance, Child Support/Alimony Payments	How Often?	Pensions/Retirement/Social Security/All Other Income	How Often?
	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○
	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○	$	○ Monthly | Every Other Wk ○ Weekly | Twice A Month ○

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE → ☐☐

Parent/Guardian Social Security # * * * – * * – ☐☐☐☐ Check if no SSN → ☐

6

SIGNATURE: A parent/guardian must sign the application. If Part 5 is completed, you must list the last four digits of his/her Social Security Number or mark the "No Social Security Number" box (See Privacy Act Statement on Page 2 of the Parent Letter). The application may be subject to an audit by the State of Indiana to verify student eligibility for textbook assistance.

The application information may 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 and for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise.

I certify that I am the parent/guardian of the child (ren) for whom application is being made and authorize the release of information for the purposes outlined in the application. I give up my right of confidentiality for these purposes only. I certify that all information on this application is true and all income is reported.

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PRINT YOUR NAME IN THE BOXES ABOVE

X _____

Parent/Guardian MUST SIGN HERE

_____ Today's Date

Address _____ Daytime Phone _____ City _____ Zip _____ Home Phone _____