

# 2018-2019 INDIANAPOLIS PUBLIC SCHOOLS - Application for Educational Benefits

USE BLACK INK; PRINT NEATLY Income Pay period: W = Weekly, 2W = Every Two Weeks, M = Monthly, 2M = Twice a Month.

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

## STEP 1 LIST ALL STUDENTS ATTENDING INDIANAPOLIS PUBLIC SCHOOLS

SCHOOL USE ONLY	Print Legal Name of Students Attending IPS			Birthdate			IPS School	Foster Child	Homeless, Migrant, Runaway	Living with parent or caretaker relative?		Student's Gross Income (in whole dollars)	How Often
	First Name	MI	Last Name	M	M	D				D	Y		
												\$	
												\$	
												\$	
												\$	
												\$	
												\$	

Check all that apply

## STEP 2 DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) HAVE A SNAP OR TANF CASE NUMBER?

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

Name:  CASE NUMBER:

## STEP 3 REPORT INCOME FROM ALL SOURCES FOR ALL HOUSEHOLD MEMBERS

List ALL Household Members (include all adults and any children not attending Indianapolis Public Schools)

Print first and last name of all adults and children not listed above

Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly	List TOTAL Gross Income (before deductions) in whole dollars.		
	Gross Earnings from Work (Before Deductions): ALL JOBS	Public Assistance/ Child Support/ Alimony Payments	Pensions/Retirement/ Social Security/ All Other Income
How Often?	How Often?	How Often?	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE

Last Four Digits of Social Security Number (SSN) of Parent/Guardian

**XXX-XX-**

Check box if NO SSN

## STEP 4 CONTACT INFORMATION (PRINTED) AND PARENT/GUARDIAN SIGNATURE

**SIGNATURE:** A parent/guardian must sign the application. If Part 3 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.

Street Address (if available)  Apt#  City  State  Zip  Daytime Telephone Number (Optional)

FIRST NAME of Parent/Guardian completing the form  LAST NAME of Parent/Guardian completing the form

SIGNATURE REQUIRED

Today's date