

# Meal Application

- 1 General Info
- 2 Additional Questions
- 3 Letter to Household
- 4 Students
- 5 Household Members
- 6 Review
- 7 Submit

## General Information

Please find your district, enter the information of the household member completing the application then click Next to continue.

**Decatur Township Metropolitan School District (Indiana)**

**CHANGE DISTRICT**

Household street address (optional)

Country  
United States

City State/Province  
Indiana Postal Code

Daytime Phone Number And Email Address (optional)

Phone Email

Do any Household Members (including you) currently participate in an assistance program?

Assistance Program

### Step 1

#### Fill in all fields

1. Address
2. City, Postal Code
3. Phone Number
4. Email Address
5. Assistance Program

**NEXT**

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## Additional Questions

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.

Do you want to receive Textbook Assistance?

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### Step 2

**Answer Additional Questions**

- 1. FSSA Question
- 2. Textbook Assistance Question

Press **F11** to exit full screen

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## Letter to Household

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Dear Parent/Guardian:

Children need healthy meals to learn. **MSD of Decatur Township** offers healthy meals every school day. Breakfast costs **\$0.00**; Elementary School lunch costs \$2.05 and Secondary (DMS, DCHS,DTSE) School lunch costs \$2.20. **Your children may qualify for free meals or for reduced price meals.** Reduced price is **\$0.00** for breakfast and **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from SNAP (Food Stamps) or TANF, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school’s Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household’s income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2023-24			
Household size	Yearly	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,000	5,418	1,251

**Step 3**

**Read Letter to Household and select NEXT to proceed**

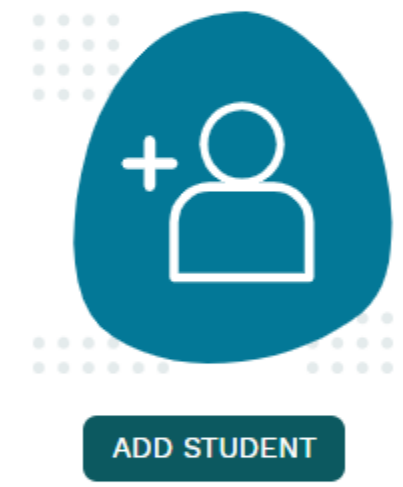
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## Students

List all students that attend **DECATUR TOWNSHIP METROPOLITAN SCHOOL DISTRICT**



**Step 4**

**Add Student by clicking the "ADD STUDENT" button**

EXPORT ▾

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Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children, and students up to and including grade 12. ?

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## Students

List all students that attend **DECATUR TOWNSHIP METROPOLITAN SCHOOL DISTRICT**

EXPORT ▾

Sometimes children in the household earn income. Please include

Student Income

How often?

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# Step 5

## Fill in Student Fields

1. First Name
2. Middle Name
3. Last Name
4. Student ID (optional)
5. Date of Birth (required)
6. School
7. Grade
8. Foster (optional)
9. To add another student click "Save & Add New"
10. To finish adding student(s) click "Save & Close"

## Student

First Name \*

Middle Name

Last Name \*

Student Id

Date of Birth 📅

School ▾

Grade ▾

Eligibility Benefit Type

None

Foster

CANCEL

SAVE & ADD NEW

SAVE & CLOSE

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## Household Members

Enter the total number of household members (total should include students from previous year)

Total Household Members \*

Add a person for each member of your household (including yourself)

Search



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# Step 6

## Fill in Household Member Fields

1. First and Last Name
2. Wage and How Often
3. Welfare, Child Support, Alimony (optional)
4. Pension, Retirement, Other (optional)
5. Unemployment (optional)
6. To add another household member, click "Save & Add New"
7. To finish adding household member(s) click, "Save & Close"

## Household Member



First Name \*

Last Name \*

Report total income (before taxes) for each source in whole dollars only.

If no income is received from any source, leave the fields blank. By doing so, you are certifying (promising) there is no income to report.

### Work

Wage

How often?

### Welfare, Child Support, Alimony

Wage

How often?

### Pension, Retirement, Other

Wage

How often?

### Unemployment

Wage

How often?

CANCEL

SAVE & ADD NEW

SAVE & CLOSE

# Meal Application

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## Review

Please review the entered information before continuing to submit the application

### General Information

District  
Decatur Township Metropolitan School District

Language  
English

Household Address

Daytime Phone and Email Address (optional)

Assistance Program  
None

### Additional Questions

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. If you do not consent to 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.

Yes, I want to share.

Do you want to receive Textbook Assistance?  
Yes

### Students

Name	Date of Birth	School	Grade
Student Name	XX/XX/XXXX		

## Step 7

**Verify application details.  
Click the pencil icon to edit information**

Search

Name	Date of Birth	School	Grade

EXPORT ▾

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Student Income  
\$0.00 Annually

Household Members 

Total Household Members  
3

Search

Name	Wage

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**Step 7**

**Verify application details.  
Click "Next" to proceed.**



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### Sign & Submit

Please review the entered information before continuing to submit the application

### Demographics

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 ▼      Race ▼

Enter the name of the household member completing the application.

"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."

Signed By \*       Last 4 digits of SSN

No SSN

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but you must include the last four digits of the social security number of the primary wage earner or other person who provides the majority of the household income. If you are applying for a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or a Food and Nutrition Assistance Program on Indian Reservations (FNAIR) case number or other FNAIR identifier for your child or when you indicate that the adult household member is a Native American, 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 program. We will use your information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program rules, and to identify violations of program rules.

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, 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 (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 (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, from any USDA office or from <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discrimination. The letter must be submitted to the USDA Office for Civil Rights (OCR) about the nature and date of the alleged civil rights violation. The completed AD-3027 form or letter must be submitted to the USDA Office for Civil Rights.

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

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

3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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SUBMIT

**Step 8**

**Update and digitally sign application.**

1. Demographics
2. Signed By
3. Last 4 digits of SSN or check No SSN
4. Click "Submit" to submit application

### Sign & Submit

Please review the entered information before submitting.

### Demographics

We are required to ask for information about you and your household. This information does not affect your children's eligibility for free or reduced price meals.

Ethnicity  
Not Hispanic or Latino

Enter the name of the household head.

"I certify (promise) that all information on this application is true and correct. I am aware that providing false information may result in disqualification from the program and may be subject to legal action."

Signed By \*  
Nicole Moorhead

The **Richard B. Russell National School Lunch Program** provides free or reduced price meals to eligible children for free or reduced price meals. Your child's name is not required when you apply for the program on Indian Reservations (FDPIR) or the National School Lunch Program. We will use your information to determine eligibility for free or reduced price meals. We will use your information with education, health, and nutrition information to identify violations of program rules.

In accordance with federal civil rights law, we do not discriminate on the basis of sex (including gender identity and sexual orientation) in our programs and activities.

Program information may be made available in large print, Braille, audio, American Sign Language, or other accessible format upon request. Call the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, contact the USDA. The letter must contain the complaint, the date of the violation, and the name of the complainant. For more information, visit <https://www.usda.gov/sites/default/files/2018-08/USDA%20ASCR%20Fact%20Sheet.pdf>.

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

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

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SUBMIT

## Application Submitted ✕

Application Submitted, Reference Code:

Thank you for submitting your application, you will receive a letter informing you of the status of your application once it has been processed.

Academic Year

2023/2024

Annual Income

Total Household Members

Name	Date of Birth	School	Grade

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EXPORT

OKAY

**Done!**

**The application has been submitted. Please allow 10 business days for processing.**