

Indiana Math & Science Academy North **9895**

SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR TEXTBOOK ASSISTANCE AND OTHER ASSISTANCE Effective July 1, 2018 - One Application per Household

| Part 1. Names of <u>all</u> household members (First, Middle Initial, Last) | Only for students: Check if living with parent or caretaker relative | Only for students: Name of each child's school | Only for students: Grade | Only for students: Birthdate | Only for students: Check if a Foster child | Check if no income |
|---|---|---|-----------------------------|---------------------------------|---|--------------------------|
| | <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"/> |

If ALL children listed above are foster children, skip to Part 5 and sign.

Part 2. If any member of your household (student, adult or non-student) has a valid Food Stamp (SNAP) or TANF case number, please provide the name of the person who receives benefits, check the box indicating the benefit program, and enter the case number, then skip to Part 5. If no one receives these benefits, skip to Part 3.

Name: _____ Food Stamp TANF Case Number: ____/____/____/____/____/____/____/____/____/____

Part 3. If any child you are applying for is migrant, homeless, or runaway, check the appropriate box and call Mrs. Joy Brown at 317-259-7300, ext. 303.. Migrant Homeless Runaway

| Part 4. Section 1 NAME (List ONLY household members with income) | Section 2 TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). LIST ALL INCOME ON THE SAME LINE AS THE PERSON WHO RECEIVES IT. CHECK THE BOX FOR HOW OFTEN IT IS RECEIVED. RECORD EACH INCOME ONLY ONCE. GROSS INCOME and HOW OFTEN IT WAS RECEIVED <i>Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly</i> | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| | Earnings from Work Before Deductions | Weekly | | | | Welfare, Child Support, Alimony | Every 2 Wks. | | | | Social Security, SSI, VA, Retirement Benefits | Twice A Month | | | | All Other Income such as Unemployment | Monthly | | | |
| | | Weekly | Every 2 wks. | Twice A Month | Monthly | | Weekly | Every 2 Wks. | Twice A Month | Monthly | | Weekly | Every 2 Wks. | Twice A Month | Monthly | | Weekly | Every 2 Wks. | Twice A Month | Monthly |
| <i>Example: Jane Smith</i> | \$ 200 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. | \$ | <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"/> |
| 2. | \$ | <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"/> |
| 3. | \$ | <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"/> |
| 4. | \$ | <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"/> |
| 5. | \$ | <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"/> |
| 6. | \$ | <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"/> |
| 7. | \$ | <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"/> |

Part 5. Do you want to receive textbook assistance? Yes _____ No _____

Part 6. SIGNATURE: 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. The application may be subject to audit by the State of Indiana to determine student eligibility for textbooks. 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.

(printed name) xxx-xx-_____
(last 4 digits of social security number)

(Signature) _____
(Date)

School Use Only:
 Approved
 Denied
 Not applicable

Part 7. RACE AND ETHNICITY:

Optional - You are not required to answer this question. No child will be discriminated against because of race, color, sex, national origin, age, or disability.

Mark one or more racial identities:

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

Mark one ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Part 8. For information about Hoosier Healthwise health insurance, call 1-800-889-9949.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

INCOME CONVERSION to YEARLY:

WEEKLY INCOME X 52

EVERY 2 WEEKS X 26

TWICE A MONTH X 24

MONTHLY INCOME 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 Denied

Reason for Denial: Income Too High Incomplete Application Other(Reason) _____

Signature of Determining Official: _____ Date: _____

Date Withdrawn: _____

VERIFICATION

Confirmation Review Official: _____

| | | | | |
|--------------------------------------|---|--|---|--|
| Date Verification Notice Sent: _____ | Approval Based On: <input type="checkbox"/> Food Stamps / TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other _____ | Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid | Reason for Change: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in Food Stamps /TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____ | Date Notice of Change Sent: _____ Date Change Made: _____ |
|--------------------------------------|---|--|---|--|

Date Hearing Requested: _____

Hearing Decision: _____

Verifying Official's Signature: _____

Date: _____

Use of Information Statement: This explains how we will use the information you give us.

The information contained in the application will be used to determine eligibility for textbook assistance under Indiana Code 20-33. You do not have to provide the information, but if you do not, we cannot approve your child for textbook assistance. 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 the State of Indiana school textbook program. 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.