

SCHOOL CORPORATION	CORP. NUMBER
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**APPLICATION FOR CURRICULAR MATERIAL ASSISTANCE AND OTHER ASSISTANCE**  
Effective July 1, 20\_\_\_\_ - One Application per **Household**

Part 1. Names of <b>all</b> household members (First, Middle Initial, Last)	Living with parent or caretaker relative?		Only for students: Name of each child's school building	Student? Yes or No		Only for students: Grade	Only for students: Birthdate	Check if a Foster child	Check if Homeless, Migrant, Runaway	Check if no income
	Yes	No		Yes	No					

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 \_\_\_\_\_ at \_\_\_\_\_

Part 4. Section 1 Name of Household Member (First and Last ) <i>Example: Jane Smith</i>	Earnings from Work	Public Assistance/ Child Support/ Alimony				Pensions/ Retirement				All Other Income										
		Weekly	Every 2	Twice A	Monthly	Weekly	Every 2	Twice A	Monthly	Weekly	Every 2	Twice A	Monthly							
	\$ 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.	\$					\$					\$					\$				

**Part 5. Do you want to receive Curricular Material assistance? Yes No**

**Part 6. SIGNATURE:** My signature below authorizes the release of information on this application for curricular material 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 curricular materials. 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.

School Use Only:  
 Approved  
 Denied  
 Not applicable

\_\_\_\_\_  
 (Printed name)

xxx-xx-\_\_\_\_\_  
 (last 4 digits of social security number)

\_\_\_\_\_  
 (Signature of adult completing the form)

\_\_\_\_\_  
 (Today's date)

**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.

- Race (check one or more) :
- 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: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Yearly	
OR Categorical Eligibility: <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Foster	
Eligibility Determination: <input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced Price <input type="checkbox"/> Denied	
Reason for Denial: <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other(Reason) _____	
Signature of Determining Official: _____	Date: _____
Date Withdrawn: _____	

**VERIFICATION**

<b>Confirmation Review Official:</b> _____  Date Verification Notice Sent: _____ Date Response due from Households: _____ Date Second Notice Sent (or N/A): _____	<b>Approval Based on:</b> <input type="checkbox"/> Food Stamps//TANF Case Number <input type="checkbox"/> Household Size and Income <input type="checkbox"/> Other	<b>Verification results:</b> <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	<b>Reason for Change:</b> <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 _____	<b>Date Notice of Change Sent</b> _____  <b>Date Change Made:</b> _____
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<b>Request for appeal</b> Date Hearing Requested: _____ Hearing Decision: _____	<b>Verifying Official's Signature</b> _____ Signature date: _____
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**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 curricular materials 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 curricular materials 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 curricular materials 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.