Clarksville Community Schools (1000)

2026-2027 Alternate Household Application for Free and Reduced Eligibility

Complete one application per household. Please use a pen (not a pencil).

Prescribed by State Board of Accounts School Form 521A/2026

Apply Online:
Return to: Clarksville Community Schools
Address: 502 Little League Blvd, Clarksville, IN 47129

Instructions for each step including income examples can be found on the Parent Letter and Instructions page.

STEP 1 **List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.**

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply. Foster	Migrant	Runaway	Homeless	Only for Students: Name of School Building	Birthdate	Living with parent or caretaker relative? Yes	No
				☐	☐	☐	☐			☐	☐
				☐	☐	☐	☐			☐	☐
				☐	☐	☐	☐			☐	☐
				☐	☐	☐	☐			☐	☐

STEP 2 **Do any household members (including you) participate in: SNAP or TANF?**

NO ☐ Go to STEP 3.

YES ☐ Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER): ____________

Write only 10-digit case number in this space.

List ALL household members and income for each member (before taxes and deductions)

A. **All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Pensions, Retirement, Social Security, SSI, VA Benefits, All Other Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

Total Number of Household Members (Children and Adults)		**Last Four Numbers of Social Security Number of Primary Wage Earner or Other Adult Household Member (If Applicable)**					Check if no Social Security Number: ☐

B. **Child Income**

Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

	Child Income	How often received?					
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual	
	$	☐	☐	☐	☐	☐	

STEP 4 **Contact information and adult signature.** **RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL OFFICE: RELA, CES, CMS, CHS,** ***Turn Over for More Information on the Back***

This application information may be shared with other offices within the Indiana Department of Education, to be used in determining **Title I allocations, Choice Scholarships, and other funding opportunities**. 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 (confirm) the information. I am aware that if I purposely give false information I may be prosecuted under applicable State and Federal laws.

Print Name of Adult Signing the Form	Signature of Adult:	Today's Date:

Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (Optional)

Optional **Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.**

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 (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT **For school use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income:	How often received?					Household Size:	Categorical Eligibility ☐	Eligibility Determination				
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual			Free	Reduced	Denied	Determining Official's Signature	Date
	☐	☐	☐	☐	☐			☐	☐	☐		

For use at verification

Confirming Official's Signature	Date	Verifying Official's Signature	Date

Return completed form to your child's school.