

Community Eligibility Provision (CEP)

What does this mean for you and your children attending a participating school?

All enrolled students at a school that is a participant of Community Eligibility Provision (CEP) are eligible to receive a healthy breakfast and lunch at school each day, at no charge to your household. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or complete an application.

OTHER EDUCATIONAL BENEFITS:

The CEP Provision pertains only to meals and does not extend to other educational benefits. Some examples of other educational benefits may include: test/exam fee reduction or waiver; and curricular materials (textbook rental) assistance. **All students must pay curricular material (textbook) fees unless you have been notified in writing that your child has been approved for free curricular materials (textbooks) for the 2019-2020 school year.** The purpose of the application for curricular material assistance and other assistance is to determine a child's eligibility for curricular material assistance.

WHO MAY RECEIVE OTHER EDUCATIONAL BENEFITS? Children in households receiving SNAP (Food Stamps) or TANF benefits, and foster children who are under the legal responsibility of a foster care agency or court. Also, if your household's **gross** income is within the limits on the Federal Income Chart, (see Page 2), your children may receive free educational benefits.

To apply, complete a **2019-2020 Application for Educational Benefits**. See page 2 for instructions. Return the completed application to the School. **YOU WILL BE NOTIFIED WHEN YOUR APPLICATION IS APPROVED OR DENIED.**

QUESTION & ANSWER:

MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes, you must complete a new application each school year.

CAN HOMELESS, RUNAWAY, OR MIGRANT CHILDREN GET OTHER EDUCATIONAL BENEFITS? Yes, children who meet the definition of homeless, runaway, or migrant are eligible for free curricular materials (textbooks). If you believe children in your household meet these descriptions please call the school's homeless liaison/migrant coordinator to see if they qualify.

WHO DO I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all of your children who live with you. Do not include other people who live with you who are economically independent.

WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount you normally receive. For example, if you normally receive \$1000 each month, but you missed some work last month and only received \$900, record \$1000 per month. If you normally receive overtime, include it, but not if you receive it occasionally. **If you are a seasonal or a 9, 10, or 11 month employee, list the amount you normally receive.** If you have lost your job or had your hours or wages reduced, use your current income.

WE ARE IN THE MILITARY; DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

IF MY CHILDREN DO NOT QUALIFY NOW, MAY I REAPPLY LATER? Yes, you may reapply any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible if the household income drops below the income limit.

MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply.

WILL THE INFORMATION I GIVE BE CHECKED? Yes, we may ask you to provide written proof of income to verify eligibility.

HOW TO APPLY FOR EDUCATIONAL BENEFITS
School year 2019-2020

Please follow the instructions below. We cannot process an application that is incomplete, so be sure to complete ALL required information. Please use black ink and **use one application per household.**

PART 1: LIST ALL HOUSEHOLD MEMBERS:

- List the names of all household members
- Is the member living with parent or caretaker relative? Mark 'Yes' or 'No'
- Is the member a student? Mark 'Yes' or 'No'
- Only for students: the name of the child's school building, grade, birthdate
- Check the appropriate box if the child is a foster child, homeless, runaway, or migrant
- Check if the household member has no income
- If all children are foster children, skip to Part 5

PART 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP OR TANF? If no one in your household participates in these programs, go to PART 3.

- If anyone in your household (adult or child) has a valid SNAP or TANF case number, record the case number in the boxes. (EBT, Hoosier Healthwise or Medicaid numbers DO NOT qualify a child for benefits.)

PART 3: IF ANY CHILD YOU ARE APPLYING FOR IS MIGRANT, HOMELESS, OR RUNAWAY: Check the appropriate box and call the school's homeless liaison/migrant coordinator.

PART 4: REPORT INCOME FOR ANY HOUSEHOLD MEMBERS WHO HAVE A SOURCE OF INCOME:

- List everyone (**related or unrelated**) living in your household who has any sources of income listed below
- For each household member list each type of gross income received. **Gross income is the amount earned before taxes and other deductions.** Report all income in whole dollars. Do not include cents. (See Sources of Income below)
- Mark how often the money is received – weekly, every other week, twice a month, or monthly. **If the household has no income, leave all lines blank.**

PART 5: DO YOU WANT TO RECEIVE CURRICULAR MATERIAL ASSISTANCE (TEXTBOOK RENTAL)? Mark 'Yes' or 'No'

- If this is left blank or 'No' is marked, the child will **not** receive curricular material assistance

PART 6: SIGNATURE:

- Fill in the last four digits of the household member's Social Security Number
- **A parent/guardian must sign and date the application.** By signing the application, that household member is promising that all information has been truthfully and completely reported.

PART 7: RACE AND ETHNICITY:

- This section is optional

SOURCES OF ADULT INCOME

Earnings from Work— Gross income from wages, salaries, cash bonuses / Net income from self-employment (farm or business) If you are in the U.S. Military--Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) / allowances for off-base housing, food, and clothing.

Public Assistance//Child Support/Alimony—Unemployment benefits / Worker’s compensation / SSI / Cash assistance from State or local government / Alimony payments / Child support payments / Veteran’s benefits

Pensions/Retirement/All Other Income--Social Security (including railroad retirement and black lung benefits) / Private Pensions or disability / Income from trusts or estates / Annuities / Investment income / Regular cash payments from outside household

SOURCES OF CHILD INCOME

Earnings from work (regular full or part-time jobs / Social Security (Disability Payments or Survivor’s Benefits) / Income from person’s outside the household / Income from any other source.

PART 8: FOR INFORMATION ABOUT HOOSIER HEALTHWISE HEALTH INSURANCE, CALL 1-800-889-9949

FEDERAL ELIGIBILITY INCOME CHART For School Year 2019-20			
Household size	Yearly	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each additional person:	+8,177	+682	+158

Information Statement: This explains how we will use the information given to 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 assistance 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-0996. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (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.

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 all 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"/>	<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.	\$									\$					\$				
2.	\$									\$					\$				
3.	\$									\$					\$				
4.	\$									\$					\$				
5.	\$									\$					\$				
6.	\$									\$					\$				

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
Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly

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.

(Printed name)

(Signature of adult completing the form)

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

(Today's date)

School Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not applicable
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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) :
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White | Mark one ethnicity:
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> 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

Confirmation Review Official: _____ Date Verification Notice Sent: _____ Date Response due from Households: _____ Date Second Notice Sent (or N/A): _____	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: _____
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Request for appeal Date Hearing Requested: _____ Hearing Decision: _____	Verifying Official's Signature _____ Signature date: _____
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Use of Information Statement: This explains how we will use the information you give us.

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