

Aspire Charter Academy - 76	9685
SCHOOL CORPORATION	CORP. NUMBER

APPLICATION FOR TEXTBOOK ASSISTANCE AND OTHER ASSISTANCE

Effective July 1, 2021 - 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"/>
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	<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 Diane Hobbs at 219-944-7474.

Migrant Homeless Runaway

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

(Signature)

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

(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.

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: Weekly Every 2 Weeks Monthly
 Twice a Month Yearly

OR Categorical Eligibility: Food Stamps TANF Migrant Homeless Runaway Foster

Eligibility Determination: Approved Free Approved Reduced Price 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:
 Food Stamps / TANF Case Number

Verification Results:

- No Change
 Free to Reduced
 Free to Paid
 Reduced to Free
 Reduced to Paid

Reason for Change:

- Income: _____
 Household Size: _____
 Change in Food Stamps /TANF
 Did not respond
 Other: _____

Date Notice of Change Sent: _____

Date Response Due from Households: _____

 Household Size and Income

Date Change Made: _____

Date Second Notice Sent (or N/A): _____

 Other _____

Request for appeal

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.