

Dear Parent/Guardian:

Children need healthy meals to learn. School City of Hobart offers healthy meals every school day. The breakfast regular price is \$1.10 elementary, \$1.15 middle school and \$1.20 high school; lunch is \$1.85 elementary, \$2.15 middle school and \$2.25 high school. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch at all schools.

1. **Who can get free or reduced price meals?** All children in households receiving Food Stamps or TANF can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free or reduced price meals.
2. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Denise Sempf at 200 S. Hobart Rd. Hobart, IN 46342; phone 219-947-2413 x 8952.**
3. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
5. **Should I fill out an application if I received a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call **Denise Sempf at 200 S. Hobart Rd. Hobart, IN 46342; phone 219-947-2413 x 8952** if you have questions.
6. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
7. **Can migrant, homeless, or runaway children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail **Denise Sempf at 200 S. Hobart Rd. Hobart, IN 46342; phone 219-947-2413 x 8952** to see if they qualify.
8. **May I apply if someone in my household is not a U. S. citizen?** Yes. You or your children do not have to be a U.S. citizen to qualify for free or reduced price meals.
9. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children who live with you. If you live with other people who are economically independent (for example, people who do not support, who do not share income with you or your children, and who pay a pro-rate share of expenses), do not include.
10. **Will the information I give be checked?** Yes, we may ask you to provide written proof.
11. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. **We are in the military; do we include our housing allowance as income?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
13. **My spouse is deployed to a combat zone. Is her/his combat pay counted as income?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
14. **If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
15. **My family needs more help. Are there other programs available?** To find out how to apply for food stamps or other assistance benefits, contact your local assistance office.
16. **What if I disagree with the school's decision about my application?** You should talk to the school officials. You also may ask for a hearing by calling or writing to **Nancy Smith at 200 S. Hobart Rd. Hobart, IN 46342; phone 219-947-2413 x 8955.**

We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Denise Sempf at 200 S. Hobart Rd. Hobart, IN 46342; phone 219-947-2413 x 8952.**

If you have other questions or need help, call **Denise Sempf at 200 S. Hobart Rd. Hobart, IN 46342; phone 219-947-2413 x 8952.**

Nancy Smith, Director of Food Services

## INSTRUCTIONS for APPLYING

### **Households getting TANF or Food Stamps:**

1. In Part 1, list each enrolled child, include the TANF or Food Stamp case number for any child, and the name of the school. **EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.**
2. In Part 2, enter the name and case number of any other household member who has a valid TANF or Food Stamp case number.
3. In Part 3, check the appropriate box, if any.
4. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.
5. Part 6 and Part 7 are optional for meal benefits.

### **Migrant, Homeless, or Runaway:**

1. In Part 1, list each enrolled child which are homeless, migrant, or runaway and the name of the school.
2. In Part 3, check the appropriate box and contact the school's homeless liaison or migrant coordinator.
3. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.
4. Part 6 and Part 7 are optional for meal benefits.

### **Foster Child:**

#### **If all children in the household are foster children:**

1. In Part 1, list each enrolled foster child and the school name for each child. Check the box indication the child is a foster child.
2. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.
3. Part 6 and Part 7 are optional for meal benefits.

#### **If some of the children in the household are foster children:**

1. In Part 1, list each enrolled child, include the TANF or Food Stamp case number for any child with a case number, and the name of the school. Check the box if the child is a foster child.
2. In Part 2, enter the name and case number of any other household member who has a valid TANF or Food Stamp case number.
3. In Part 3, check the appropriate box and contact the school's homeless liaison or migrant coordinator for any listed child which are homeless, migrant, or runaway.
4. If no one in the household has a valid TANF or Food Stamp case number, in Part 4 list everyone related or unrelated living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if you need to.
  - a. For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions, from people who do not live in your household, and any other income. Do not include income from SNAP, FDIR, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings From Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. If you have no income, put a checkmark (✓) in the box.
5. In Part 5, an adult household member must sign the form, and if income information was provided, the adult household member must provide the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
6. Part 6 and Part 7 are optional for meal benefits.

### **All Other Household Types:** Including WIC households

1. In Part 1, list each enrolled child.
2. In Part 2, check the appropriate box, if any. Skip Part 3.
3. In Part 4, list everyone related or unrelated living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if you need to.
  - a. For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Do not include income from SNAP, FDIR, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings From Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. If you have no income, put a checkmark (✓) in the box.

**INCOME TO REPORT:**

- Earnings from Work Before Deductions
  - Wages/salaries/tips
  - Strike benefits
  - Unemployment compensation
  - Workman's compensation
  - Net income from self-owned business or farm
- Welfare/Child Support/Alimony
  - Public assistance payments
  - Welfare payments
  - Alimony payments
  - Child support payments
- Pensions/Retirement/Social Security
  - Pensions
  - Retirement income

- Social Security
- Veteran payments
- Supplemental Social Security Income
- All Other Income
  - Earnings from second job
  - Disability benefits
  - Interest/Dividends
  - Cash withdrawn from savings
  - Income from Estates/Trusts/Investments
  - Regular contributions from persons not living in the household
  - Royalties/Annuities/Rental Income
  - Any other monies that may be available to pay for the child's meals

4. Part 5. An adult must sign the application and list the last four digits his/her Social Security number, or put a checkmark (✓) in the box if you have no social security number.
5. Part 6 and Part 7 are optional for meals benefits

		FEDERAL INCOME CHART FOR SCHOOL YEAR 2011-2011				
Household Size		Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.	1.....	20,147	1,679	840	775	388
	2.....	27,214	2,268	1,134	1,047	524
	3.....	34,281	2,857	1,429	1,319	660
	4.....	41,348	3,446	1,723	1,591	796
	5.....	48,415	4,035	2,018	1,863	932
	6.....	55,482	4,624	2,312	2,134	1,067
	7.....	62,549	5,213	2,607	2,406	1,203
	8.....	69,616	5,802	2,901	2,678	1,339
	For each additional person:	+7,067	+589	+295	+272	+136

**OTHER BENEFITS:** Put a checkmark where you want the information released. By signing this section you will allow the school to release information that shows you have applied for free or reduced price benefits under the NSLP. The information will only be used for the programs you have marked on the application.

**Textbook Assistance**

–You **must** answer this question and sign, in order to receive textbook assistance. You **are not required** to answer this question to receive meal benefits.

**PLEASE NOTE:** For **Textbook Assistance**, these are specific things that you must complete in addition to the required items for meal benefits.

- 1) Living with parent/caretaker relative,  
*(The definition of a caretaker relative is a relative, either by blood or by law, who lives with the child and exercises parental responsibility [care and control] in the absence of the child's parent. Examples include, but are not limited to: Grandparents, Aunts, Uncles, Cousins, Step-Parents, and Adult Siblings.)*
- 2) grade, and
- 3) check if you are applying for textbook assistance and sign under Other Benefits.

**Your application must contain 2 signatures for meals and textbooks.**

**Hoosier Healthwise**

– Your child(ren) may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you **DO WANT** this information released for the purpose of Hoosier Healthwise, please sign. For more information about Hoosier Healthwise health insurance, call 1-800-889-9949.

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<b>School City of Hobart</b> SCHOOL CORPORATION	4730 CORP. NUMBER
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## APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS

Effective July 1, 2005 - One Application per Household

Part 1. NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTH DATE	SCHOOL	GRADE	CHECK IF A FOSTER CHILD	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /

If ALL children listed above are foster children, skip to Part 5 and sign. If ANY of the children have a food stamp/TANF case number, skip to Part 5 and sign.

**Part 2. If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5.**

Name: \_\_\_\_\_ Case Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 3. If any child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call 219 947-2413 ext. 8952.**  
 Migrant  Homeless  Runaway

Part 4. LIST ALL HOUSEHOLD MEMBERS	ALL OTHER HOUSEHOLD TYPES																								
	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES																								
	<i>Examples: \$100 / monthly or \$100 / every 2 weeks or \$100 / twice a month or \$100 / weekly</i>																								
NAME	Earnings from Work Before Deductions	Welfare Payment Child Support, Alimony					Pension, Retirement, Social Security					All Other Income					Check if NO income								
		Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly									
<i>Example: Jane Smith</i>	\$ 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	\$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 5. SIGNATURE:** An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "No Social Security Number" box. (See Privacy Act Statement on the back of this page.)  
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X \_\_\_\_\_      \*\*\* - \*\* - \_\_\_\_\_       No Social \_\_\_\_\_  
 Signature Of Adult Household Member      Social Security Number      Security Number      Home Telephone # / Work Telephone #  
 \_\_\_\_\_  
 Printed Name of Adult Household Member      Date Signed      Home Address/Apt #      Zip Code

**Part 6. OTHER BENEFITS** – This section does not need to be completed to receive free or reduced price meal benefits.

Do you want to receive textbook assistance?  <input type="radio"/> YES    If, YES, <b>SIGN TO THE RIGHT</b> → <input type="radio"/> NO	I certify that I am the parent/guardian of the child(ren) for whom application is being made. 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. This application information will 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.  X _____ SIGNATURE OF PARENT/GUARDIAN      DATE	<b>SCHOOL USE ONLY:</b>  <input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Not Applicable
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SEE PAGE 2 IF YOU WANT THIS INFORMATION RELEASED FOR THE PURPOSE OF HOOSIER HEALTHWISE.

This application information may be shared with the Family and Social Services Administration for the purpose of identifying children who may qualify for free or low-cost health insurance under Medicaid or Hoosier Healthwise. If you want the application information shared for this purpose, please sign below. I certify I am the parent/guardian of the child(ren) for whom application is being made. I authorize the release of information for this purpose.

X \_\_\_\_\_  
Signature of Parent/Guardian Date

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

**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 ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

**Privacy Act Statement: This explains how we will use the information you give us.**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. 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 free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410* or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

**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) \_\_\_\_\_

Temporary:  Free  Reduced Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

**VERIFICATION**

Confirmation Review Official: \_\_\_\_\_

Date Verification Notice Sent: _____	Approval Based On: <input type="radio"/> Food Stamps / TANF Case Number <input type="radio"/> Household Size and Income <input type="radio"/> Other _____	Verification Results: <input type="radio"/> No Change <input type="radio"/> Free to Reduced <input type="radio"/> Free to Paid <input type="radio"/> Reduced to Free <input type="radio"/> Reduced to Paid	Reason for Change: <input type="radio"/> Income: _____ <input type="radio"/> Household Size: _____ <input type="radio"/> Change in Food Stamps /TANF <input type="radio"/> Did not respond <input type="radio"/> Other: _____	Date Notice of Change Sent: _____  Date Change Made: _____
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Date Hearing Requested: \_\_\_\_\_ Verifying Official's Signature: \_\_\_\_\_  
Hearing Decision: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL CITY OF HOBART**

Service Center  
200 South Hobart Road  
Hobart, Indiana 46342  
(219) – 947-2413 ext 8952  
(219) – 947-1856 fax

**LOCAL SERVICE PROJECT**

Each year the School City of Hobart receives requests from local service agencies for names of families who might like to receive a food basket, toys for children, etc. during the school year. Some of the agencies involved are Hobart Jaycees, Tri Kappa (Christmas Gifts) Help Hobart Kids, Hobart businesses, YMCA, and local churches.

If you would like your family included on such a list, please sign the following permission slip.

Also, if an emergency situation occurs, during the school year whereby you would be in dire need of food or clothing, please call 947-7779 (Hobart Food Pantry) for assistance.



**Must Complete the Following Information Below**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

<b>Children:</b>	<b>School:</b>	<b>Age:</b>	
_____			Sex: M or F
_____			Sex: M or F
_____			Sex: M or F
_____			Sex: M or F
_____			Sex: M or F
_____			Sex: M or F
_____			Sex: M or F

I hereby authorize the School City of Hobart to release the above information to local service agencies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date