

PART 6: NEW THIS YEAR: FREE OR LOW-COST HEALTH INSURANCE

If you would like Free or low-cost health insurance for your children, call today to request an application: toll free 1-877- 543-7669. The health coverage includes doctor visits, prescriptions, hospital, dental care, eyeglasses and more. You can also fill out and print an application online at www.ParentHelp123.org. Even if your children have private coverage, they may still be eligible for assistance with the monthly premium, co-pays or deductibles. Call or log-on today to receive more information.

*Privacy Act Statement: National School Lunch Act (Section 9) - requires that, unless your child's Basic Food, TANF, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income and benefits, contacting the State employment security office to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12

LEA APPROVAL/DENIAL

- Basic Food/TANF/FDPIR Household
- Income Household
- Foster Child

Total Household Size _____

Total Household Monthly Income \$ _____

Income Approved by: weekly every two weeks twice a month monthly annual
(circle one)

APPLICATION APPROVED FOR:

- Free Meals
- Reduced-Price Meals

TEMPORARY APPROVAL FOR:

- Free Meals Reduced-Price

_____ Date Temporary Approval Expires

APPLICATION DENIED BECAUSE:

- Income Over Allowed Amount
- Incomplete/Missing Information
- Other: _____

_____ Date Notice Sent

_____ Signature of Determining Official

_____ Date

VERIFICATION

| | | | |
|--------------------------------|--|--|------------------------------------|
| Date Selected for Verification | | <input type="checkbox"/> Not Confirmed | <input type="checkbox"/> Confirmed |
| Response Due From Household | | | |
| Second Notice Sent | | | |

| MONTHLY INCOME | COMMENTS | RESULTS | REASON FOR ELIGIBILITY CHANGE |
|--------------------|----------|-----------------------|-------------------------------|
| \$ | | No Change | Income |
| Wage Stubs | | Free to Reduced-Price | Household Size |
| Written Documents | | Ineligible | Refuse to Cooperate |
| Collateral Contact | | Reduced-Price to Free | Other: |
| Agency Records | | Free to Paid | |
| Other | | Reduced-Price to Paid | |

Date of Change _____

Date Adverse Notice Sent _____

Signature of Verifying Official _____

Date _____