

COMMUNITY HIGH SCHOOL DISTRICT 94
326 Joliet Street
West Chicago, IL 60185
630-876-6200

Dear Parent or Guardian:

The school serves free milk/meals each school day to eligible children. Children may buy milk for _____. Milk/meals are also available free for children who apply and qualify for the following reasons:

- If you now receive Supplemental Nutrition Assistance Program (SNAP) or TANF for your child(ren), your child(ren) can receive free milk/meals. If you received a letter from the school stating that your child was directly certified for free meals/milk you do not have to complete this application to receive meal or milk benefits. If you do not want free meals/milk, contact the school.
- If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can receive free milk/free meals.
- A foster child may receive free milk/meals regardless of your income.
- Homeless, migrant, runaway, and Head Start children are categorically eligible for free meals. Check the appropriate box and return to the school.

If a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, this school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information. Women, Infants, and Children (WIC) participants may be eligible for free/reduced-price meals and are encouraged to complete an application for meal/milk benefits.

TO RECEIVE FREE MILK/MEALS FOR YOUR CHILD(REN), YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.

INCOME GUIDELINES

Effective from July 1, 2010 to June 30, 2011

Household Size	Free Meals 130% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,079	1,174	587	542	271
2	18,941	1,579	790	729	365
3	23,803	1,984	992	916	458
4	28,665	2,389	1,195	1,103	552
5	33,527	2,794	1,397	1,290	645
6	38,389	3,200	1,600	1,477	739
7	43,251	3,605	1,803	1,664	832
8	48,113	4,010	2,005	1,851	926
For each additional family member, add	4,862	406	203	187	94

HOW TO APPLY:

- If you now receive SNAP or TANF for the child(ren) you are applying for, the application must have the child(ren)'s names, a SNAP or TANF case number (**LINK card number cannot be used**) for each child(ren), and the signature of an adult household member.
- If you are applying for a foster child, the application must have the child's name, the child's personal use income, and an adult signature.
- If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the child(ren)'s names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member, and that adult's social security number or indicate if the adult does not have a social security number.
- Complete one application per household for all children who attend the same school district.

OTHER INFORMATION:

- **FAIR HEARING:** You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Title _____ Gordon Cole - Director of Business Services _____ Phone _____ 630-876-6333 _____

Address _____ 326 Joliet Street, West Chicago, Illinois 60185 _____

- **CONFIDENTIALITY:** School officials use the information on the application to decide if your child(ren) should receive free milk/meals and may disclose this information to other programs as allowed under the National School Lunch Act. In addition, the application information may be shared with All Kids* if the parent or legal guardian does not decline and sign on the application. If a school wishes to share the application information for other services, they are required to obtain parental or legal guardian permission. This may be accomplished by asking the parent or legal guardian to complete *Sharing Information With Other Programs*. This form will identify each program(s) that school officials may share the application information and social security number with.
- **REAPPLICATION:** You may apply for free milk/meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, a household member becomes unemployed, or receive SNAP or TANF for your child(ren), you may reapply.
- **RACIAL/ETHNIC IDENTITY, CONTACT INFORMATION, AND ALL KIDS:** You are not required to complete these sections to receive free or reduced-price meals. A parent or legal guardian must mark the box and sign **if you elect not** to allow school officials to share the application information with All Kids.

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 USDA, Director, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

We will let you know when your application is approved or denied.

Sincerely,
ILSMPMC (5/09)

INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

If your household receives SNAP OR TANF, follow these instructions and return this form to your school.

1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

2: Skip

3: Skip

4: Skip

5: Sign the form (A social security number is not necessary.)

6: Contact information (Optional)

7: Children's racial and ethnic identities (Optional)

8: All Kids information (Optional)

If you are applying for a homeless, migrant, runaway, or Head Start child follow these instructions and return this form to your school.

1: List all household members, school and grade for each student. (Attach another sheet of paper if necessary.)

2: Check the appropriate box

If you are applying for a FOSTER CHILD, follow these instructions and return this form to your school.

1: Use a separate application for each foster child. List the foster child's name, school, and grade.

2: Skip

3: Check the box and list the child's personal use monthly income. If none, indicate \$0.00.

4: Skip

5: Sign the form (A social security number is not necessary)

6: Contact information (Optional)

7: Children's racial and ethnic identities (Optional)

8: All Kids information (Optional)

ALL OTHER HOUSEHOLDS, including Women, Infants, and Children (WIC) households, follow these instructions and return this form to your school.

1: List all household members, school and grade for each student, and if the person has no income, check the no income box. (Attach another sheet of paper if necessary.)

2: Skip

3: Skip

4: Follow these instructions to report total household income.

In column A, list the first and last name of **each** person living in your household with income, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if necessary. **Column B-E lists the current gross income and how often it was received.** Next to each person's name list each type of income received and how often the money is received – weekly, every other week, twice a month or monthly. In column B, list the gross income each person earned from work, not your take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. In column C, list the amount each person received from welfare, child support, or alimony. In column D, list pensions, retirement, social security, and in column E list *All Other Income*, include workers compensation, unemployment, strike benefits, Supplement Security Income (SSI), Veterans Affairs (VA) benefits, disability, regular contributions from people who do not live in your household, and *Any Other Income*. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

5: An adult household member must sign the form and list his or her social security number, or mark the box if s/he or she does not have one.

6: Contact information (Optional)

7: Children's racial and ethnic identities (Optional)

8: All Kids information (Optional)

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 social security number of the adult household member who signs the application. 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 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 USDA, Director, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

1. All Household Members (Use a separate application for each foster child)

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last	School Name <small>(for student only)</small>	Grade <small>(for student only)</small>	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 5 if you list a SNAP or TANF case number (for each student)										Check if NO Income			
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Runaway _____ Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date
 Migrant Head Start _____

3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check box at left. Skip to 5
 List the amount of the child's personal-use monthly income. If none, indicate \$0.00 \$ _____

4. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES <small>(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</small>	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work <small>(Before Deductions)</small>		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. <small>(All other income)</small>	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed or if no income is checked in Part 1, the adult signing the form must also list his or her social security number or mark the I do not have a social security number box. _____ Social Security Number I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

_____ Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____ Address of Adult Household Member

6. Contact Information (Optional)

_____ Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, Zip Code)

7. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Mark one or more racial identities:
 Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander
 Not Hispanic/Latino White American Indian or Alaska Native

8. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here: _____

SCHOOL USE ONLY—LEA must use annual conversion on all applications in district. Convert income only if different frequencies of pay are reported

INITIAL DETERMINATION Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

Free based on:
 categorical eligibility SNAP or TANF Reduced based on:
 homeless migrant runaway Head Start foster child's income household's income Denied—Reason:
 income too high incomplete application Temporary:
 free reduced Until: _____ Until: _____ (maximum is 45 days each)
 Date Withdrawn: _____ Signature of Determining Official: _____ Date: _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS.

CONFIRMATION (Prior to verification and only for those applications selected for verification.) Signature of Confirming Official: _____ Date: _____

VERIFICATION

DATE VERIFICATION NOTICE SENT: _____	INITIAL DETERMINATION <input type="checkbox"/> Free based on SNAP/TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Free <input type="checkbox"/> Reduced <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> Free to Paid	REASON FOR CHANGE: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Did not respond <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Other: <input type="checkbox"/> Change in SNAP/TANF	DATE NOTICE OF STATUS CHANGE SENT: _____ EFFECTIVE DATE OF STATUS CHANGE: _____
DATE, METHOD, RESULTS OF FOLLOW-UP: _____ (recommend 3 business days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact Results	Verifying Official's Signature: _____		Date: _____