

LETTER TO HOUSEHOLDS

Illinois Free Lunch :

Dear Parent or Guardian:

The school serves free meals each school day to eligible 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 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 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 meals.
- A foster child may receive free meals regardless of your income.
- Homeless, migrant, runaway youth, 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 benefits.

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

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 _____ Phone _____
 Address _____

- **CONFIDENTIALITY:** School officials use the information on the application to decide if your child(ren) should receive free 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 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,

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.

Part 1: List child(ren)'s name, school, grade, and a SNAP or TANF case number. (Attach another sheet of paper if necessary.)

Part 2: Skip this part

Part 3: Skip this part

Part 4: Skip this part

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

Part 6: Contact information (Optional)

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

Part 8: All Kids information (Optional)

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

Part 1: List child(ren)'s name, school, grade (Attach another sheet of paper if necessary.)

Part 2: Check the appropriate box

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

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

Part 2: Skip this part

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

Part 4: Skip this part

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

Part 6: Contact information (Optional)

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

Part 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.

Part 1: List each child's name, school, and grade (Attach another sheet of paper if necessary.)

Part 2: Skip this part

Part 3: Skip this part

Part 4: Follow these instructions to report total household income.

Column 1—Name: list the first and last name of each person living in your household, 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 2—Current gross income and how often it was received. Next to each person's name list each type of income received. In column 1, list the gross income each person earned from work. This is not the same as 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 2, list the amount each person received from welfare, child support, or alimony. In column 3, list pensions, retirement, social security, and in column 4 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*. **Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly).** 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.

Column 3—Check if no income: If the person does not have any income, check the box.

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

Part 6: Contact information (Optional)

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

Part 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, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

APPLICATION FOR FREE AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District

SCHOOL USE ONLY
<input type="checkbox"/> Check if Error Prone Application

Part 1. Children in School (Use a separate application for each foster child)

NAMES OF ALL CHILDREN IN SCHOOL (First, Middle Initial, Last) _____ (School Name) _____

SNAP OR TANF CASE# (if any, per child) _____ (Grade) _____ Skip to Part 5 if you list a SNAP or TANF case#

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

Homeless Runaway Migrant Head Start

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

Part 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 Part 5

List the amount of the child's personal use monthly income. If none, indicate \$0.00\$ _____

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

1. NAMES (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)				3. Check if NO Income				
	Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony			Pensions, Retirement, Social Security	Worker's Comp., Unemployment, SSI, etc. (All Other Income)		
A.	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	
B.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
C.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
D.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
E.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>

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

An adult household member must sign the application. If Part 4 is completed, 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. 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 _____

Part 6. Contact Information (Optional)

Work Telephone Number (include area code) _____ Home Telephone Number (include area code) _____ Home Address (number, street, city, zip code) _____

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

Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino

Mark one or more racial identities: Asian Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native

Part 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.

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 homeless migrant runaway Head Start

Reduced based on: 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 WITH-DRAWN: _____

Signature of Determining Official _____ Date _____

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

VERIFICATION:	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT:
DATE VERIFICATION NOTICE SENT:	<input type="checkbox"/> Free based on SNAP/TANF case number	<input type="checkbox"/> No Change <input type="checkbox"/> Reduced to Free	<input type="checkbox"/> Income: _____ <input type="checkbox"/> Did not respond	
DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)	<input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	<input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Paid	<input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Other: _____	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	Verifying Official's Signature _____	Date _____