



Dear Parent or Guardian,

Children need healthy meals to learn. Community Consolidated School District 59 offers healthy meals every school day. Breakfast costs \$1.30 and lunch costs \$3.15. Your children may qualify for free meals or for reduced-price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application and return envelope enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Your children may qualify for free or reduced-price meals if your household income falls within the limits on the Federal Income Chart.

FEDERAL INCOME ELIGIBILITY GUIDELINES for REDUCED-PRICE MEALS

(Effective from July 1, 2021 to June 30, 2022)

Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 23,828	\$ 1,986	\$ 993	\$ 917	\$ 459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each Additional Family Member	+8,399	+700	+350	+324	+162

- Do I need to fill out an application for each child?** No. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete so be sure to complete all required information. Return the **completed application**.
- Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) and foster children 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. Children who qualify for homeless, runaway, or migrant also qualify for free meals.
- How do I know if my children qualify as homeless, runaway, or migrant?** Do the members of your household lack a permanent address? Are you staying in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
- Who can get reduced meals?** Children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart shown above.
- A member of my household receives SNAP or TANF benefits. I received a letter stating that my child is automatically approved for free meals based on direct certification. Do I need to do anything more to ensure that I receive free meals for my child?** No. You do not need to do anything more to receive the free meals. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, notify the school personnel immediately.
- 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 one school year and 30 days into the new school year. You must send in a new application unless you received a letter stating your child is eligible for the new school year.
- I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC **may** be eligible for free or reduced-price meals. Please fill out an application.
- Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year should your household circumstances change.
- What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling the School Nutrition Department at 847-593-4349 or 847-593-4341.
- May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
- 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.
- 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 not if you get it only sometimes.
- What if some household members have no income to report?** Household members may not receive income at all. Whenever this happens, please write a 0 in the field.
- 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. Any additional combat pay resulting from deployment is not counted as income.
- My family needs more help. Are there other programs available?** To find out how to apply for SNAP, TANF or other assistance benefits contact your local Department of Human Services office or call 800-843-6154 (voice) or 800-447-6404 (TTY).

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	<small>(for Student only)</small> School Name	<small>(for Student only)</small> Grade	SNAP OR TANF CASE NUMBER ONLY <small>Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.</small>	<small>Check if Foster Child*</small>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

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

- Homeless
 Migrant
 Runaway
 Head Start

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

3. 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 (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

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

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

X X X - X X - _____
 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

5. Contact Information (Optional)

 Work Telephone Number (Include Area Code)

 Home Telephone Number (Include Area Code)

 Home Address (Number, Street, City, State, Zip Code)

6. 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

– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –

INITIAL DETERMINATION

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

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
 Annual Income Conversion
 Weekly X 52
 Every 2 Weeks X 26
 Twice a Month X 24
 Once a Month X 12

- Free based on:**
 homeless
 migrant
 runaway
 Head Start
 SNAP or TANF
 foster child
 household's income
 Reduced based on:
 household's income
 Denied—Reason:
 income too high
 incomplete application
 Non-qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official

Date: _____

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 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.) .
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. (The last four digits of a Social Security Number are not necessary.)
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4:** Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** 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, FDIPIR, 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.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** 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, FDIPIR, 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. Do not include income from SNAP, FDIPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (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 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 FDIPIR 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.