

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

Part 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

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/very 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., SSI, etc. (All other income)		
A.	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	<input type="checkbox"/>
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.
 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
 homeless
 migrant
 runaway
 Head Start

Reduced based on:
 SNAP or TANF
 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

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"/> Reduced to Free <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> Free to Paid	REASON FOR CHANGE: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in SNAP/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other:	DATE NOTICE OF STATUS CHANGE SENT: EFFECTIVE DATE OF STATUS CHANGE:
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DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)
 DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days)
 Mail Telephone Personal Contact
 Results _____ Signature of Official _____ Date _____

LETTER TO HOUSEHOLDS

Dear Parent or Guardian:

Child(ren) need healthy meals to learn. Warren CUD #205 offers healthy meals every school day. Breakfast costs _____; lunch costs _____.
Name of School
 Your child(ren) 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, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

Name: Dr. Karen Sirgany
 Address: 311 Water St. Warren, IL. 61087
 Telephone: 815-745-2653

Your child(ren) may qualify for free or reduced-price meals if your household income falls within the limits on this chart.

FEDERAL INCOME GUIDELINES
 (Effective from July 1, 2009, to June 30, 2010)

	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,038	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,968	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
	6,919	577	289	267	134

Here are answers to questions you may have about applying:

- Who can get free or reduced-price meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) and most 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.
- Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- My child receives SNAP or TANF benefits. The school provided me a letter that stated that my child is eligible for free meals via the Direct Certification Process. 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 do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- 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 Household Eligibility 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 person listed above.
- Can homeless, runaway, migrant or Head Start children get free meals?** Please call (or contact the school) to see if your child(ren) qualifies, if you have not been informed that they will receive free meals.
- Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Chart, shown on this application.
- I get Women, Infants, and Children (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.
- 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). 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 get. 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.
- We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- If I do not qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP or TANF. If you lose your job, your children may be able to get free or reduced-price meals during the time you are unemployed.
- 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 or writing to the person listed above.

Sincerely,

Enclosure
 LHH (6/09)