APPLICATION FOR FREE MILK/MEAL AND	REDUCED-PRI	CE MEAL	S—Complete O	ne Application Per Ho	ousehold Per So	chool	Dist	rict. Ir	nstruc	tions	on b	ack.			S	СНОС)L U	SE (ONLY		
1. All Household Members															Che	ck if E	rror	Prone	e Applica	tion	
NAMES OF ALL HOUSEHOLD MEMB First, Middle Initial, Last		(for Student only) School Name				SNAP OR TANF CASE NUM list a SNAP or TANF case number. A be provided below.						At lea	BER Skip to Part 4 if you least one SNAP/TANF mi				ı ıust	Check if NO Income	Check if Foster Child*		
							П	-			-		T-			\top	Τ	П			
						\Box		-			-		T-	П		\top	T	П			
								-			-		-	П		\top	T	П			
								-			-		-				T	П			
								-			-		-	П			T	П			
								-		П	1-		-	П			T	П			
2. Homeless, Migrant, Runaway, o Homeless Migrant	Head Start		orically eligit ad Start	Signature of Your S	School Homeless	s Liaiso	on, N	/ligrar						·		ility of a	a we	Ifare	agency of	or court.	
3. Total Household Gross Income (before deductions) You must tell us how much and how often.																					
A.	GROSS IN	ICOME AN	ID HOW OFTEN I	IT WAS RECEIVED (E	xample: \$100/m	/month; \$100 /twice a month; \$100/every other week; \$100/week)															
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)		rnings Fro		e, Child Alimony	Pensions, Retire Social Secur								Worker's Comment, SSI, etc. (A				np., Unemploy-				
	B. Amou	ınt	How often?	C. Amount	How often?	D. Amount					How often?			E	E. Amount			\perp	How often?		
i.	\$			\$			\$					ļ									
ii.	\$			\$		\$						\$				T					
iii.	\$			\$	\$							\$				_	\dagger				
iv.	\$			\$	\$									\$	\$						
V.	\$			\$	\$										\$						
4. Signature and Social Security N	4. Signature and Social Security Number (Adult must sign)																				
An adult household member must sign the a in Part 1, the adult signing the form must a or mark the I do not have a social security I certify (promise) all information on this afficials may verify (check) the information. Date 5. Contact Information (Optional)	oplication is tru understand if	e and all I purpose	income is repoi ely give false inf		X X X Some school will gren may lose in				nds I and I	base may				matic d.	on I g	rity n give. I Membe	und		and sch	ool of-	
or contact information (optional)																					
Work Telephone Number (Include Area C			lephone Numb	er (Include Area Co	ode)		Hor	ne A	ddres	ss (N	umb	er, S	treet	, City	, Sta	ate, Zi	р С	ode)			
6. Children's Racial and Ethnic Ide	entities (Opt	,																			
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 Is ☐ White ☐ American Indian or Alaska Native									ific Isla	nder										
7. Sharing Application Information	n With <i>All Ki</i>	ids—All	Kids progra	m is a complete	healthcare	pro	gra	m fo	or ev	ery	chi	ld ir	Illi	nois	·.	-					
No! I DO NOT want information from my H	lousehold Elig	bility App	lication shared	with All Kids.	3	Sign h	here	:													
- THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -																					
INITIAL DETERMINATION																					
TOTAL INCOME \$ Per:	NUMBER ear HOUSEH	R IN CHANGE IN IOLD: STATUS:							Date												
LEAs must annualize income 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 ☐ SNAP of the state of the s		· · · · · · · · · · · · · · · · · · ·													i)						
THE FOLLOWING SECTIONS ARE	NOT REQUIRED		-	etermining Official S THAT ONLY PARTI	CIPATE IN ILLIN	iois i	FRE	E ANI	O/OR	SPEC	IAL I	WILK	PRO	GRA	ИS	-					
CONFIRMATION (Prior to verification an	d only for tho	se applica	ations selected	for verification.)	Signature of	f Con	firm	ing C	Officia	ıl								ate:			
DIRECT VERIFICATION COMPLETED	INITIAL DETE		I	RIFICATION RESULTS	S:	REASON FOR CHANGE: ome: \$ sehold Size: unge in SNAP/TANF						DATE NOTICE OF STATUS									
DATE RESPONSE DUE FROM	Free based TANF case Free based	number on incom	e Free	to Reduced to Paid	☐ Hou							CHANGE SENT:				T:	·				
HOUSEHOLD: [(recommend 10 calendar days)	Reduced ba income	acu UN		uced to Free uced to Paid	☐ Did	not respond er:							_	CHANGE :							
FOLLOW-UP:] Mail ∏ Tel Results	ephone	☐ Personal (Contact Verifyi Signa	g Official's Ire									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, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: 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, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: 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 <u>all</u> 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, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children 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. For any person, including children, with no income, you must check the "No Income" box. 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, FDPIR, 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, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.
- 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, FDPIR, 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, FDPIR, 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, 7: Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: 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 FDPIR 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.

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, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."