

Household Eligibility Application  
(Letter to households, application, and  
application instructions) for the  
**School-Based Child Nutrition  
Programs including National School  
Lunch, School Breakfast,  
Special Milk Programs, and  
IL Free Lunch/Breakfast Program.**

All three pages must be distributed.

School Year 2010-2011 Prototype  
for Illinois Schools.

LETTER TO HOUSEHOLDS

Dear Parent or Guardian:

Child(ren) need healthy meals/milk to learn. \_\_\_\_\_, offers healthy meals/milk every school day. Breakfast costs \_\_\_\_\_; Lunch costs \_\_\_\_\_; Milk costs \_\_\_\_\_. Your child(ren) may qualify for free or reduced-price meals or free milk. 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: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your child(ren) may qualify for free or reduced-price meals if your household income falls within the Federal Income Guidelines.

**For school year 2010-2011 only, the United States Department of Agriculture has provided a waiver from the requirement to include the Federal Income Eligibility Guidelines for reduced price meals on this letter. All households are encouraged to apply for meal or milk benefits. (USDA Authority Section 125(1) of the NSLA)**

*Here are answers to questions you may have about applying:*

- 1. 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 per district. 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.**
- 2. Who can get free meals/milk?** 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 meals/milk.
- 3. 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.
- 4. 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 Eligibility Guidelines (IEG).
- 5. 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.
- 6. 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 that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- 7. 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.
- 8. Will the information I give be checked?** Yes. We may ask you to send written proof of the information you give.
- 9. If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year.
- 10. 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.
- 11. 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.
- 12. 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.
- 13. 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.
- 14. 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.
- 15. My spouse is deployed to a combat zone. Is her combat pay counted as income?** No. If the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
- 16. My family needs more help. Are there other programs we might apply for?** 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).

Sincerely,

Enclosure

LHH (7/10)

**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 (for student only)	Grade (for student only)	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 (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	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?
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:  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

**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  
 homeless  SNAP or TANF  
 migrant  foster child's income  
 runaway  household's income  
 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 Withdrawn: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_

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	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT:
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)	<input type="checkbox"/> Free based on SNAP/TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	<input type="checkbox"/> No Change <input type="checkbox"/> Free to Free <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> Free to Paid	<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	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: _____		

## INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

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### 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)
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### 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
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### 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)
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### 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)
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### 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.

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