

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

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY 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.										Check if Foster Child*		
															<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 (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.	\$		\$		\$		\$	

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
 White

Black or African American
 American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

– 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: _____



GLENVIEW SCHOOL DISTRICT 34

1401 Greenwood Road
Glenview, Illinois 60026
www.glenview34.org

Dear Parent/ Guardian,

Federal law requires that we request your permission to share your student's free or reduced lunch eligibility status for any purpose other than school meals. If this information does not apply to you, please disregard this form. You do not need to allow us to share this information. It is your choice. The purpose for sharing information is to make it easier for your child and family to access supports through our school and community. These supports include but are not limited to:

- PTA sponsored events (for example, vouchers for book fair)
- Holiday assistance
- Gelfand Fund (for example, vouchers for items such as clothing, shoes, school supplies)
- Northfield Township Food Pantry Assistance

The only information that would be shared is your child's name. Your child will continue to be eligible for school meals even if you do not allow us to share your child's name.

If you DO NOT want your child's name shared, please return this form to Food Services at Attea School, 2500 Chestnut Ave., Glenview, IL. 60026.

NO, I do not want school officials to share my child's name with Glenview School District 34 special programs, PTA, or community agencies.

Child's Name _____ School _____

Child's Name _____ School _____

Child's Name _____ School _____

List any additional names on the back of this form.

Signature of Parent/ Guardian _____ Date: _____

Printed Name _____

Address _____

If you have any questions or concerns, please contact the Food Service Department at 847-486-7702 or kcleveland@glenview34.org

This institution is an equal opportunity provider.

Attea • Glen Grove • Henking • Hoffman • Lyon • Pleasant Ridge • Springman • Westbrook

(847) 998-5000 • (847) 998-5094 (Fax)