HOUSEHOLD AND INCOME FORM

To determine eligibility for various	additional stat	e and federal	programs ben	efits that ye	our child(re	en) may	qualify fo	r, pleas	e comple	te, sigr	n and
return this application to											
	(scho	ool name)									
1. All Household Members											
NAMES OF ALL HOUSEHOLD MEMBERS (for Student only) First, Middle Initial, Last				(for Student only)	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					Check if NO Foster Income Child*	
					household siz	e and incon	ne.			╂┌	1 -
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										$+$ \vdash	
							+ +			$+\overline{-}$	
	1			1		* A foster of	hild is the lega	al responsibi	ility of a welfar	e agency	or court.
2. Homeless, Migrant, Runaway, or Ho	ead Start										
Homeless Migrant Ru	unaway	lead Start									
	, <u></u>										
3. Total Household Gross Income (be	fore deduction	s) You must te	ell us how much	and how of	ften.						
A. NAMES	GROSS INCOME	AND HOW OFTEN	IT WAS RECEIVED (E	Example: \$100/m	onth; \$100 /twic	e a month; S	\$100/every oth	er week; \$1	00/week)		
(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security			E. We	orker's Com t, SSI, etc. (A	o., Unemploy- Il other income)	
	Amount	How often?	Amount	How often?		ount	How often?	_	Amount	How	often?
i.	\$		\$		\$			\$			
ii.	\$		\$		\$			\$		ı	
iii.	\$		\$		\$			\$		İ	
iv.	\$		\$		\$			\$		1	
V.	\$		\$		\$			\$			
4. Signature	•	,		II.		· ·					
		Signature of Adult Household Member									
5. Contact Information	7 111100	7147770 0771447777	ousehold Member			- Orginatur	0 0// (dd// //				
Work Telephone Number (Include Area Code) Home Telepho	ne Number (Inclu	ıde Area Code)	Н	ome Address	(Number,	Street, City,	State, Zip	Code)		
			SCHOOL USE	ONI V							
INITIAL DETERMINATION Annua	al Income Conve	ersion Weekly	X 52 Every 2 We		wice a Month	1 X 24	Once a Mo	nth X 12	Convert incor	ne only ir c	imerent
TOTAL	Every 2	Twice a Month	☐ Month ☐ Y	NUMBEI ear HOUSEI	R IN HOLD:	CHANG			frequencies	_Date	геропеа.
Currently receive benefits based on:						ı					
☐ homeless ☐ SNAP or TA☐ migrant ☐ foster child		Date Withdrawn									
☐ runaway ☐ household': ☐ Head Start	s income			1							
		Signature of De	etermining Official				Date	:			
Privacy Act Statement: The Illinois State Box	ard of Education is	requesting school	als to collect the info	ormation on thi	e form to accid	et echanle	in reporting	etudent'e e	ligibility for	etate and	d federal

Privacy Act Statement: The Illinois State Board of Education is requesting schools to collect the information on this form to assist schools in reporting student's eligibility for state and federal benefits programs. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal 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: The applicant will obey all applicable state and federal laws, regulations, and executive orders, including without limitation: those regarding the confidentiality of student records, such as the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) and the Illinois School Student Records Act (ISSRA) (105 ILCS 10/1 et seq.); those prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap, such as Title IX of the Amendments of 1972 (20 U.S.C. 1681 et seq.) and 34 CFR part 106, the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and 34 CFR part 104, the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.), the Age Discrimination Act (42 U.S.C. 6101 et seq.) and 34 CFR part 110, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., 2000e et seq.) and 34 CFR part 100, the Public Works Employment Discrimination Act (775 ILCS 10/0.01 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.); and the Illinois School Code (105 ILCS 5/1-1 et seq.). Further, no award recipient shall deny access to the program funded under the grant to students who lack documentation of their immigration status or legal presence in the United States (Plyler v. Doe, 457 U.S. 202, 102 S.Ct. 2382 (1982)).

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: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

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: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

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: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

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: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.

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: Provide signature of an adult household member.
- Part 5: Provide Contact Information for adult member of the household that signs this form.