

웨스트 노스필드 31 학군
2024-2025 재정 지원 양식

제31학군은 교육위원회 정책 및/또는 USDA 소득 지침에 명시된 지침을 충족하는 가구의 학생들에게 수업료 감면 및 면제를 제공합니다.

학비 (각 학년, 기기, 8학년 졸업 및 활동비), 교통비, 식사비등 신청하려면 아래 지침을 따르세요.

1번째: ISBE 가구 및 소득 양식 **3**페이지를 작성하세요.

2024년 소득 한도 지침을 확인하세요.

<https://www.isbe.net/documents/IEG-24.pdf>

가구 구성원: 귀하의 집에 살고 있는 모든 사람의 이름을 기재하십시오. 귀하의 집에 거주하는 부모, 조부모, 모든 자녀, 친척 및 기타 다른 사람들을 포함하십시오.

월 소득: 가구 구성원 각자가 받는 총 소득(비용 및 세금, 사회보장 공제 전)과 임금, 은퇴, 자녀 양육비, 실업 또는 복지 등 소득원을 기재하십시오.

2A번째: 일리노이주 복지부(DHS) SNAP 혜택 승인 사본을 제출하세요.

2B번째: SNAP 혜택을 받지 못하는 경우, **1번째** 신청서와 함께 다음 사항을 제공하십시오.

- 신청일로부터 가장 최근 3개 연속 급여 명세서
- W2, 1099 및/또는 기타 적절한 세금 서류와 함께 가장 최근 1040 연방 및 주 소득세 신고서.
- 급여를 현금으로 받은 경우 소득을 증명하는 서류(예: 고용주/회사 레터헤드)를 제출하세요.
- 이혼한 경우, 교육적 책임에 관한 이혼 판결 섹션, 서명 페이지 및 법원 인장 페이지 사본을 제출하세요.

3번째: 이 문서의 **2**페이지에 서명하세요.

4번째: 작성된 신청서, **SNAP** 혜택 승인서 또는 위에 나열된 기타 필수 서류를 교육구 사무실에 등록 후 **30일 이내** 또는 최대한 빨리 제출하세요. 교육구는 학년도중 언제든지 추가 정보를 요청할 수 있습니다. 귀하의 신청서가 승인/거절되면 교육구에서 귀하에게 통보할 것입니다.

31학군 재정 지원에 대한 추가 정보

- 어떤 아동도 인종, 피부색, 출신 국가, 연령, 성별, 장애 또는 기타 보호 계층을 이유로 차별받지 않습니다. 귀하가 차별을 당했다고 생각하시면 즉시 **Secretary of Agriculture, Washington, D. C. 20250**로 편지를 보내십시오.

- 귀하의 지원서에 대한 학교의 결정에 동의하지 않는 경우, 학교와 논의할 수 있습니다. 귀하는 또한 공정한 심리를 받을 권리가 있습니다. 서면으로 교육감에게 **West Northfield School District 31, 3131 Techny Road, Northbrook, Illinois 60062**로 청문회를 요청하세요.
- 이 프로세스를 위해 귀하가 제공하는 정보는 기밀입니다.
- 학년도중 언제든지 혜택을 신청할 수 있습니다. 현재는 재정 지원 받을 자격이 없으나 나중에 소득이 감소하거나, 가구 규모가 늘어나거나, 실업자가 되는 경우 신청서를 작성할 수 있습니다. 이 결정은 소급 적용되지 않지만 결정이 확정된 날부터 재정 지원을 받을 수 있습니다.
- 교육구가 재정 지원 요청을 승인하면 가구 소득이 월 **\$50(연간 \$600.00)** 이상 증가하는지, 가구 규모가 감소하는지, 또는 더 이상 **SNAP** 혜택이나 푸드 스탬프를 받지 못하는지를 학교에 알려야 합니다. 교육구는 학년도 중 언제든지 귀하의 자격을 확인하거나 추가 정보를 요청할 수 있습니다.

귀하의 서명은 귀하가 제공한 정보가 정확하고, 학교 관계자가 제공된 정보를 확인할 수 있다는 점을 귀하가 이해하고 있음을 확인합니다.

이 양식에 위에 제공된 정보를 읽고 이해했음을 아래에 서명해 주십시오.

_____ 부모/보호자 서명 날짜

FOR DISTRICT USE ONLY

TOTAL INCOME DETERMINATION: _____

Application Approved for: Full Waiver Partial Waiver

Amount Waived _____

Fees Approved _____

Date of Determination: _____ School Official Approval _____

Date(s) of Verification: _____

[Not more frequently than every sixty (60) calendar days.]

HOUSEHOLD AND INCOME FORM

To determine eligibility for various additional state and federal programs benefits that your child(ren) may qualify for, please complete, sign and return this application to **West Northfield School District 31.**

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	<small>(for Student only) School Name</small>	<small>(for Student only) Grade</small>	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 4 if you list a SNAP or TANF case number.	Check if NO Income	Check if Foster Child
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>
			- - - - -	<input type="checkbox"/>	<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start

Homeless Migrant Runaway Head Start

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. 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

_____ _____ _____
Date Printed Name of Adult Household Member Signature of Adult Household Member

5. Contact Information

_____ _____ _____
Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

SCHOOL USE ONLY

INITIAL DETERMINATION	Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 Convert income only if different frequencies of pay are reported.			
TOTAL INCOME \$ _____ Per: _____ <small>Week Weeks Month Month Year</small>	Every 2 Weeks a NUMBER IN _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHANGE IN STATUS: _____ Date _____	HOUSEHOLD: _____	
Currently receive benefits based on: <input type="checkbox"/> homeless <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> migrant <input type="checkbox"/> foster child <input type="checkbox"/> runaway <input type="checkbox"/> household's income <input type="checkbox"/> Head Start				
Signature of Determining Official _____			Date: _____	

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: In accordance with Federal Law and U.S. Department of Education 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 U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215)656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

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 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**

Part 4: Provide signature of an adult household member.

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