

## WEST NORTHFIELD SCHOOL DISTRICT # 31 2024-2025 Оны Санхүүгийн Тусламжийн Маягт

31-р Сургуулийн Дүүрэг нь оюутнуудыг сургуулийн төлбөрөөс хөнгөлж мөн чөлөөлөх санхүүгийн дэмжлэг үзүүлдэг бөгөөд тэдгээр оюутанууд нь 31-р Сургуулийн Дүүрэгийн Боловсролын Зөвлөлийн Бодлого болон/эсвэл USDA-ийн Орлогын Удирдамжид заасан заалтуудыг хангасан байх шаардлагатай.

**Сургуулийн төлбөр** (анги, технологи, 8-р ангийн төгсөлт болон төгсөлтийн үйл ажиллагааны төлбөр зардал), **сургуулийн автобусны төлбөр**, **хоолны төлбөр** зэрэгт өргөдөл гаргахдаа дараах зааврыг дагаарай.

### **АЛХАМ 1. ISBE Өрхийн болон Орлогын Маягтын 3-р хуудсыг бөглө ( ISBE Household & Income Form гэж байгаа)**

<https://www.isbe.net/documents/IEG-24.pdf> дээр дараад, 2024 оны Орлогын Шалгуур Үзүүлэлтийг эндээс хараарай.

**ӨРХИЙН АМ БҮЛ:** Танай гэрт амьдардаг **бүх** хүмүүсийн нэрийг бичнэ үү. Үүнд, эмээ, өвөө, бусад хамаатан садан, танил тал гэх мэт танайд амьдардаг бүх хүмүүсийн нэрийг бичээрэй.

**САРЫН ОРЛОГО:** Танай өрхөд амьдардаг хүн бүрийн жилийн орлого (татвар төлөхөөс өмнөх орлого гэсэн үг) болон бусад орлогыг нэг бүрчлэн жагсаан бичнэ үү. Бусад орлого гэдэгт тэтгэвэрийн мөнгө, хүүхдийн мөнгө, ажилгүйдэлийн мөнгө, халамжийн мөнгө гэх мэт орлогууд орно.

### **АЛХАМ 2А: Иллинойс Мужийн Хүний Үйлчилгээний Хэлтэс (DHS)-ээс танд илгээсэн SNAP тэтгэмж олгох зөвшөөрлийн захидлын (SNAP benefits approval letter) хуулбарыг өргөдөлийн хамт бидэнд өгөөрэй.**

### **АЛХАМ 2Б: Хэрэв та SNAP-ын тэтгэмжийг хүлээн авдаггүй бол**

**Алхам 1-ийг бөглөсний дараагаар, дараах зүйлийг өргөдөлдөө хавсаргаарай.**

- Өргөдөл гаргасан өдрөөс өмнөх хамгийн сүүлийн 3 цалингийн хуулбар
- Хамгийн сүүлд татвар бодуулсан 1040 маягтын хуулбарыг W2, 1099s цалингийн хуулбар болон бусад татвар бодуулсан баримтуудын хамтаар,
- Хэрэв цалингаа бэлэн мөнгөөр авсан бол авсан цалингаа баталгаажуулсан баримт бичгийг (жишээ нь ажил олгогч/компанийн хэвлэмэл хуудас) өгнө үү.
- Хэрвээ та САЛСАН бол Гэр бүлийн салалтын тогтоолын Боловсролын үүрэг хариуцлага, гарын үсэг, мөн Шүүхийн тамгатай хуудаснуудын хуулбарыг өгнө үү.

**Алхам 3: 2-р хуудсанд гарын үсэгээ зурна уу.**

**Алхам 4: Бүртгүүлсэнээсээ хойш нэн даруй болон 30 хоногийн дотор** багтаан бүрэн бөглөсөн өргөдөл, SNAP тэтгэмж олгох зөвшөөрлийн захидал (SNAP benefits approval letter) ЭСВЭЛ дээр дурдсан бусад шаардлагатай бичиг баримтыг Дүүрэгийн Оффист өгөөрэй. Сургуулийн Дүүрэг нь танаас хэзээ ч хамаагүй нэмэлт мэдээлэл хүсэх эрхтэй. Таны өргөдөлийг зөвшөөрсөн мөн татгалзсан эсэхийг Дүүрэг танд мэдэгдэх болно.

### **31-р Дүүргийн Санхүүгийн Тусламжийн Талаархи Нэмэлт Мэдээлэл**

- Ямар ч хүүхэд арьс өнгө, үндэс угсаа, нас, хүйс, хөгжлийн бэрхшээлтэй болон бусад өөр байдалаар ялгаварлан гадуурхагдах ёсгүй. Хэрэв та өөрийгөө ямар нэгэн байдалаар гадуурхагдсан гэж үзэж байгаа бол Хөдөө Аж Ахуйн Нарийн Бичгийн дарга, Вашингтон, ДС 20250 руу шууд бичээрэй.
- Хэрэв та сургуулиас гаргасан өргөдөлийн хариунд та санал нийлэхгүй бол сургуультай дахин ярилцах эрхтэй бөгөөд энэ тохиолдолд сургуулийн ахлах захирал руу (Superintendent) West Northfield School District 31, 3131 Techny Road, Northbrook, Illinois 60062 хаяг руу хүсэлтээ бичиж болно.
- Энэ үйл явцад таны өгсөн бидэнд өгсөн бүх мэдээлэл нууц байх болно.
- Хэрэв та одоо өргөдөлдөө татгалзсан хариу авсан хэдий ч ирээдүйд таны өрхийн орлого буурах, таны ам бүлийн тоо нэмэгдэх, эсвэл та ажилгүй болох тохиолдолд хичээлийн жилийн аль ч үед дахин өргөдөлийн маягт бөглөж өгч болно. Энэхүү шийдвэр нь буцаан хүчин төгөлдөр бус боловч эцсийн шийдвэр гарсан өдрөөс хүчин төгөлдөр болно.
- Хэрэв Дүүрэг таны санхүүгийн дэмжлэг зөвшөөрөгдөөд, дэмжлэг авч байх үед таны өрхийн орлого сард 50 доллар буюу түүнээс дээш (жилд 600 доллараар) өсөх, өрхийн тоо цөөрөх, эсвэл SNAP тэтгэмж, хүнсний талон авахаа больсон гэх мэт тохиолдолд та сургуульд мэдэгдэх ёстой. Иймэрхүү өөрчлөлтүүд гардаг учраас Дүүрэг хичээлийн жилийн аль ч үед таныг санхүүгийн дэмжлэгийн шалгууруудыг хангаж байгаа эсэхийг шалгахын тулд танаас нэмэлт мэдээлэл авах хүсэлт гаргаж болно.

Таны өгсөн бичиг баримт, мэдээлэлүүд үнэн зөв гэдгийг баталгаажуулан мөн сургууль таны бичиг баримтыг шалган батгаажуулна гэдгийг ойлгон, хүлээн зөвшөөрч та гарын үсэг зурна.

Та дээрх мэдээллийг уншиж, ойлгосон гэдэгээ баталгаажуулан гарын үсгээ зурна уу.

Эцэг Эх / Асран Хамгаалагчийн Гарын Үсэг

Зурсан Огноо

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**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 member) 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"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<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 <small>(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</small>	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:    Every 2  Twice a  **NUMBER IN**    HOUSEHOLD: \_\_\_\_\_    **CHANGE IN STATUS:** \_\_\_\_\_ Date \_\_\_\_\_

**Currently receive benefits based on:**

homeless     SNAP or TANF  
 migrant     foster child  
 runaway     household's income  
 Head Start

\_\_\_\_\_ Date Withdrawn

**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

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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.

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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.

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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.

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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.