

Школьный округ Вест-Нортфилд 31 Форма финансовой помощи на 2024-2025 гг.

Школьный округ 31 обеспечивает снижение платы и освобождение от нее для учащихся из семей, которые соответствуют руководящим принципам, установленным в правилах Совета по образованию и/или Рекомендациях Министерства сельского хозяйства США по доходам.

Следуйте инструкциям ниже, чтобы подать заявку на **школьные сборы** (уровень класса, технология, окончание 8-го класса и плата за мероприятия), **транспортные сборы** и **плата за питание**.

Шаг 1. Заполните страницу 3 (Форма ISBE о домохозяйстве и доходах)

Ознакомьтесь с Руководством по критериям получения дохода на 2024 год на сайте <https://www.isbe.net/documents/IEG-24.pdf>

ЧЛЕНЫ СЕМЬИ: Перечислите имена всех, кто проживает в вашей семье. Включите родителей, бабушек и дедушек, всех детей, других родственников и других неродственных людей, которые живут в вашем домохозяйстве.

ЕЖЕМЕСЯЧНЫЙ ДОХОД: Всего перечислить валовой доход (ДО расходов и отчислений на налоги, социальное обеспечение и т. д.), который получает каждый член семьи, и источник дохода, например, заработная плата, пенсия, алименты, безработица или социальное обеспечение.

Шаг 2A: Предоставьте копию письма об утверждении льгот по программе SNAP Департамента социальных служб штата Иллинойс (DHS).

Шаг 2B: Если вы НЕ получаете льготы по программе SNAP, предоставьте в своем заявлении следующую информацию, указанную в шаге 1.

- Три (3) последних последовательных квитанции о заработной плате с даты подачи заявления.
- Последние 1040 федеральных налоговых деклараций и налоговых деклараций штата, а также формы W2, 1099 и/или другую соответствующую налоговую документацию.
- Если заработная плата поступает наличными, предоставьте документацию, подтверждающую доход (например, бланк работодателя/компании).
- Если РАЗВОД, копия разделов указа о разводе, касающихся образовательных обязанностей, страницы с подписями и страницы с печатью суда.

Шаг 3: Подпишите страницу 2 этого документа.

Шаг 4. Верните заполненное заявление, письмо об утверждении льгот по программе SNAP ИЛИ другую необходимую документацию, указанную выше, в офис округа. В течение 30 дней после регистрации или как можно скорее. Школьному округу разрешено запрашивать дополнительную информацию в любое время в течение учебного года. Округ уведомит вас, когда ваше заявление будет одобрено/отклонено.

Дополнительная информация о финансовой помощи округа 31

- Ни один ребенок не подвергается дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, пола, инвалидности или любого другого защищенного класса. Если вы считаете, что подверглись дискриминации, немедленно напишите министру сельского хозяйства, Вашингтон, округ Колумбия, 20250.
- Если вы не согласны с решением школы по вашему заявлению, вы можете обсудить это со школой. Вы также имеете право на справедливое слушание. Попросите о проведении слушания, написав директору школы, школьный округ Вест-Нортфилд, 31, 3131 Techny Road, Northbrook, Illinois 60062.
- Информация, которую вы предоставляете для этого процесса, является конфиденциальной.
- Вы можете подать заявление на получение пособия в любое время в течение учебного года. Если сейчас вы не имеете права на получение пособия, но позже у вас снизится доход семьи, увеличится размер семьи или вы станете безработным, вы можете подать заявление прямо сейчас. Это решение не имеет обратной силы, но вступит в силу в день его принятия.
- Если округ одобрит ваш запрос на финансовую помощь, вы должны сообщить школе, если доход вашей семьи увеличится на 50 долларов США или более в месяц (600 долларов США в год), если размер вашей семьи уменьшится или если вы больше не будете получать льготы SNAP или талоны на питание. Округ может проверить ваше право на участие или запросить дополнительную информацию в любое время в течение учебного года.

Ваша подпись подтверждает, что предоставленная вами информация является точной и что вы понимаете, что представители школы могут проверить предоставленную информацию.

Пожалуйста, подпишитесь ниже, что вы прочитали и поняли информацию, представленную выше в этой форме.

Подпись родителя/опекуна Дата

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 <small>(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</small>	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 Weeks a NUMBER IN _____ <input type="checkbox"/> Week <input type="checkbox"/> Weeks <input type="checkbox"/> Month <input type="checkbox"/> Year HOUSEHOLD: _____
CHANGE IN STATUS: _____ Date _____	

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 | |

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

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.