

**Distrito Escolar West Northfield 31**  
**Formulario de Ayuda Financiera 2025 - 2026**  
(Se debe completar para cada año escolar.)

El Distrito Escolar 31 ofrece reducción y exoneración de tarifas para estudiantes de hogares que cumplan con las pautas establecidas en las políticas de la Junta de Educación y/o las Pautas de Ingresos del USDA.

Siga las instrucciones a continuación para solicitar exenciones de **tarifas escolares** (nivel de grado, tecnología, graduación de 8° grado y tarifas de actividades), **tarifas de transporte** y **tarifas de comida**.

**Paso 1: Complete la Página 3 (Formulario de Ingresos y Hogar ISBE)**

Consulte las Pautas de Elegibilidad de Ingresos 2025 en

<https://www.isbe.net/documents/IEG-25.pdf>

**MIEMBROS DEL HOGAR:** Enumere los nombres de todas las personas que viven en su hogar. Incluya padres, abuelos, todos los hijos, otros familiares y personas no relacionadas que vivan en su hogar.

**INGRESO MENSUAL:** Enumera el **ingreso bruto total** (ANTES de los gastos y deducciones por impuestos, seguro social, etc.) que cada persona en el hogar recibe y la fuente del ingreso, como salarios, jubilación, manutención infantil, desempleo o asistencia pública.

**Paso 2A: Proporcione una copia de la carta de aprobación de beneficios SNAP del Departamento de Servicios Humanos del Estado de Illinois (DHS).**

**Paso 2B: Si NO recibe beneficios SNAP, proporcione lo siguiente con su solicitud del Paso 1:**

- Tres (3) talones de pago consecutivos más actuales desde la fecha de la solicitud.
- La última declaración de impuestos federales y estatales 1040 completa junto con los formularios W2, 1099 y/o otra documentación fiscal pertinente.
- Si los salarios se reciben en efectivo, proporcione documentación que verifique el ingreso (por ejemplo, carta del empleador en papel membretado de la empresa).
- Si está DIVORCIADO, proporcione una copia de la sentencia de divorcio, secciones sobre responsabilidades educativas, página de firmas y página con el sello del tribunal.

**Paso 3: Firme la Página 2 de este documento.**

**Paso 4: Devuelva la solicitud completa, su carta de aprobación de beneficios SNAP O la otra documentación requerida mencionada anteriormente a la oficina del Distrito **dentro de los 30 días** posteriores al registro o lo antes posible. El Distrito Escolar puede solicitar información adicional en cualquier momento durante el año escolar. El Distrito le notificará cuando su solicitud sea aprobada o denegada.**

**Información adicional sobre la Ayuda Financiera del Distrito 31**

- Ningún niño es discriminado por raza, color, origen nacional, edad, sexo, discapacidad o cualquier otra clase protegida. Si cree que ha sido discriminado, escriba de inmediato al Secretario de Agricultura, Washington, D. C. 20250.
- Si no está de acuerdo con la decisión de la escuela sobre su solicitud, puede desear discutirlo con la escuela. También tiene derecho a una audiencia justa. Solicite una audiencia escribiendo al Superintendente de Escuelas, Distrito Escolar West Northfield 31, 3131 Techy Road, Northbrook, Illinois 60062.
- La información que proporcione para este proceso es confidencial.
- Puede solicitar beneficios en cualquier momento durante el año escolar. Si no es elegible ahora, pero más tarde tiene una disminución en el ingreso del hogar, un aumento en el tamaño del hogar o queda desempleado, puede llenar una solicitud en ese momento. Esta determinación no será retroactiva, pero entrará en vigor el día en que se finalice la determinación.
- Si el Distrito aprueba su solicitud de ayuda financiera, debe informar a la escuela si su ingreso familiar aumenta en \$50 o más por mes (\$600.00 al año), si el tamaño de su hogar disminuye o si ya no recibe beneficios SNAP o cupones de alimentos. El Distrito puede verificar su elegibilidad o solicitar información adicional en cualquier momento durante el año escolar.

Su firma verifica que la información proporcionada es precisa y que entiende que los funcionarios escolares pueden verificar/comprobar la información proporcionada.

Por favor, firme abajo para confirmar que ha leído y entiende la información proporcionada arriba en este formulario.

\_\_\_\_\_  
**(Firma del Padre / Tutor)**

\_\_\_\_\_  
**(Fecha)**

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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.]



**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 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.