

Free Meals Application

Parents/Guardians: To apply for free meals for your student(s), fill out this application and return it to the school office.

If you have any questions or need any assistance completing this form, please contact _____.

Student Name: _____ I.D. No.: _____ Grade: _____

Parent/Guardian: _____ Phone No.: _____

Address: _____

Counselor: _____ Total No. in Family: _____

List names of all household members (related and unrelated):

Names	Check if No Income	Names	Check if No Income
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Total Family Income Before Deductions:

List in Order	Yearly	Monthly	Weekly
Aid for Dependent Children ("ADC")			
Pensions			
Wages			
Other			
Total			
Place of Employment:		Phone No.:	

You do not have to complete this application to receive free meal benefits if the school has provided you with a letter stating that your student(s) is eligible for free meals via the direct certification process.

Please provide the following documents to support your request for free meals:

- Income Tax return
- Current paycheck stubs for one entire month

If you are unable to supply the above documents, please attach a letter from each employer stating gross wages and how often they are paid.

All of the above is Family Income and must be declared. We may request additional information to verify data supplied to us by you to approve the application. We administer verification checks on income information supplied in accordance with state guidelines.

Foster Children: In certain cases, foster children are eligible for free meals regardless of your family income.

☐ Check here if you have foster children living with you and wish to apply for free meals for them.

\$_____ state the amount provided annually to you for the care of the foster child.

Veterans and Active-Duty Military: Student(s) whose parents/guardians are veterans or active-duty military personnel with income at or below 200% of the federal poverty line are eligible for free meals.

- ☐ Check here if you are a veteran or active-duty military personnel and please enclose proof of veteran/active-duty military status.

Hardship Conditions: If your gross family income exceeds the amount indicated in the family income scale (attached) and you wish to apply under special hardship conditions, please submit a letter explaining the hardship circumstances and attach documentation to describe the nature and dollar amount of your hardship.

Examples of hardship conditions include:

- Illnesses in the family or unusually high medical bills
- Unusual expenses, such as fire, flood, or storm damages, or shelter costs in excess of 30% of your income
- Special education expenses due to the mental or physical condition of a child
- Emergency situations
- When one or more of the parents/guardians are involved in a work stoppage.

FEE WAIVER: Your student may also be eligible for a fee waiver. If you check the box below, the school will use this application to determine your student's eligibility for a fee waiver as well.

- ☐ Check here if you also would like to apply for a fee waiver for your student(s) using this application.

I hereby certify that all of the above information is true and correct to the best of my knowledge. School officials may for cause verify information on this application. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal criminal statutes.

Date

Signature of Parent/Guardian

Illinois Annual Income Guidelines 2025-2026

<u>Family Size</u>	<u>Family Income</u>
1	\$20,345
2	\$27,495
3	\$34,645
4	\$41,795
5	\$48,945
6	\$56,095
7	\$63,245
8	\$70,395
Each Additional Family Member	+\$7,150

For Office Use Only

APPROVED

☐ Free Meals

☐ Fee Waiver

☐ **DENIED** for the following reason(s): _____

Your Application for Fee Waiver Has Been:

APPROVED

☐ Free Meals

☐ Fee Waiver

☐ **DENIED** for the following reason(s): _____

Date

Signature of School Official