1235 Oak Street • Winnetka, IL 60093
phone 847-446-9400 • fax 847-446-9408

July 1, 2025

TO: Parent or Guardian

RE: Winnetka Schools Free Lunch Program

The United States Department of Agriculture has issued the following income guidelines for free or reduced meals beginning July 1, 2025. A student may be eligible for free lunches when:

1. The student currently lives in a household that meets the income guidelines shown below
2. The student's parents/guardians are veterans or active-duty military personnel with income at or below 200% of the federal poverty line, or
3. The student is homeless, as defined in the McKinney-Vento Homeless Assistance Act. Children from families whose gross income are at or below the levels shown may be eligible for free lunches.

To apply at any time during the year for free or reduced meals for your child(ren), please contact the District Office for an application. All applications must contain complete information on household members and income. You will be asked to provide the following information: total household income, the names of **all** household members, social security numbers of all household members 21 years or older or state that a household member does not have one, and the signature of an adult household member.

The District Office will notify you in writing of the approval or denial of your application within 30 calendar days. If you do not agree with the District's decision, you have a right to a fair hearing. This can be done by calling or writing to the Superintendent at the District Office.

The information you give on the application may be verified at least once during the school year. In certain cases, foster children are also eligible for these benefits. If you have foster children living with you and wish to apply for such meals for them, please notify us or indicate it on the application. No child will be discriminated against because of race, sex, color, national origin, age or handicap, and all information you provide on the application will be treated confidentially and will be used only for eligibility determinations and verification of data.

If there is a change in your family's income due to reasons such as unemployment or if there is a change in your family's size, please complete a new application or contact us so that appropriate eligibility adjustments can be made. If your child is approved for meal benefits, you must notify the school when your household income either increases or when your household size decreases. You will be notified in writing of the approval or denial of your application. If we can be of any further assistance, please contact the District Office.

Sincerely,

Steve Wilt
Chief School Business Official

# INCOME ELIGIBILITY GUIDELINES FOR SY2026

The United States Department of Agriculture has issued the following income guidelines for the 2025-2026 school year.

| HOUSEHOLD SIZE | WEEKLY INCOME | MONTHLY INCOME |
|---|---|---|
| 1 | $ 392 | $1,696 |
| 2 | 529 | 2,292 |
| 3 | 667 | 2,888 |
| 4 | 804 | 3,483 |
| 5 | 942 | 4,079 |
| 6 | 1,079 | 4,675 |
| 7 | 1,217 | 5,271 |
| 8 | 1,354 | 5,867 |
| (each additional family member) | +138 | +596 |

The following is the definition of income:

Income is defined as any money earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

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| For Office Use Only |
| --- |
| _____ Lunch Fees |

# APPLICATION FOR FEE WAIVER FOR LUNCH 2025-2026

Name of Student: _____

The Winnetka Public Schools offer lunch fee waivers for families who meet federal poverty guidelines.

I, the undersigned parent/guardian of the student named above, hereby request that the Board of Education of School District 36 waive school fees pursuant to the Illinois School Code, 105 ILCS 5/10-20.13.

I am requesting a waiver because the above-named student:

_____Currently lives in a household that meets the free lunch or breakfast income guidelines established by the federal government pursuant to the National School Lunch Act, 42 U.S.C. §1758(b); 7 C.F.R. §§ 245 and 245.6a (105 ILCS 5/10-20.3).

_____Has parents/guardians who are veterans or active-duty military personnel with income at or below 200% of the federal poverty line, and proof of income and veteran/active-duty military status is enclosed.

If no line was checked above, please indicate the reason(s) you are applying for a waiver for lunch:

_____

_____

## ELIGIBILITY

Please note the eligibility requirements listed in the attached Board Policy Statement.

You must provide written evidence of your eligibility. Acceptable documents are:

1. A copy of your 2024 Federal or state income tax return, along with a copy of all W2's
2. A copy of your payroll check stubs, two stubs for each employed parent
3. Proof of veteran/active-duty military status if applicable

## Section 1 - Household Income

The United States Department of Agriculture has issued the following income guidelines beginning July 1, 2025. In order for your son or daughter to be eligible for a fee waiver, your family's gross income must be at or below the levels below as specified by federal guidelines. Income eligibility for parents/guardians that are veterans or active duty military personnel must be at or below 200% of the federal poverty guidelines as shown here.

| Income Eligibility Guidelines for FY26 (please circle your household gross income and family size | | | | | |
|---|---|---|---|---|---|
| Household Size | Annual Income | Monthly Income | Twice a Month | Every 2 Weeks | Weekly |
| 1 | 20,345 | 1,696 | 848 | 783 | 392 |
| 2 | 27,495 | 2,292 | 1,146 | 1,058 | 529 |
| 3 | 34,645 | 2,888 | 1,444 | 1,333 | 667 |
| 4 | 41,795 | 3,483 | 1,742 | 1,608 | 804 |
| 5 | 48,945 | 4,079 | 2,040 | 1,883 | 942 |
| 6 | 56,095 | 4,675 | 2,338 | 2,158 | 1,079 |
| 7 | 63,245 | 5,271 | 2,636 | 2,433 | 1,217 |
| 8 | 70,395 | 5,867 | 2,934 | 2,708 | 1,354 |
| Addt'l member | 7,150 | 596 | 298 | 275 | 138 |

Income is defined as any money earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions and bonds. It includes the following: 1) monetary compensation for services including wages, salary, commissions or fees; 2) net income from non-farm self employment; 3) net income from farm self-employment; 4) social security; 5) dividends or interest on savings or bonds or income from estates or trusts; 6) net rental income; 7) public assistance or welfare payments; 8) unemployment compensation; 9) government civilian employee or military retirement or pensions or veteran payments; 10) private pensions or annuities; 11) alimony of child support payments; 12) regular contributions from persons not living in the household; 13) net royalties and 14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

**Section 2 - Pertinent Information**

Describe any extenuating circumstances concerning your request for a fee waiver._____

_____

**Please check all that apply:**

_____ Waiver of lunch fees for the 2025-2026 school year

I have reviewed the District's policy and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 Felony (Ill. Rev. Stat., Ch. 38, Sec. 17.6). I certify (promise) that all information of this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal and fee waiver benefits, and I may be prosecuted.

Parent/Guardian _____
Signature Date

Print Name of Parent/Guardian _____

Address _____
Street City Zip Code

Phone _____
Home Work Cell

Email Address (optional) _____

SCHOOL YEAR 2025 - 2026

## APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT

Complete one application per household, per school district. Instructions on the back of this form.

**SCHOOL USE ONLY**
☐ Check if Error Prone Application

**1. All Household Members (Attach another sheet of paper if necessary)**

| NAMES OF ALL HOUSEHOLD MEMBERS (Include school name and grade if household member is a student.) First, Middle Initial, Last | School Name | Grade | SNAP OR TANF CASE NUMBER ONLY Skip to part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income. | Check if Foster Child* |
|---|---|---|---|---|
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |
| | | | | ☐ |

* A foster child is the legal responsibility of a welfare agency or court.

**2. Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)**

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of your school Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

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

| A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME) | 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. All Other Income (Worker's Comp., SSI, Unemployment, etc.) | |
| | Amount | How often? | Amount | How often? | Amount | How often? | Amount | How often? |
| i. | $ | | $ | | $ | | $ | |
| ii. | $ | | $ | | $ | | $ | |
| iii. | $ | | $ | | $ | | $ | |
| iv. | $ | | $ | | $ | | $ | |
| v. | $ | | $ | | $ | | $ | |

**4. Signature and Social Security Number (Adult Must Sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the box if they do not have a social security number.

X X X - X X - ___ ___ ___ ___ OR ☐ I **do not** have a social security number.
Social Security Number

*I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.*

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

**5. Contact Information (optional)**

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

**6. Children's Ethnic and Racial Identities (optional)**

Mark one ethnic identity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:
☐ Asian ☐ Black or African American
☐ White ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

***– THIS SECTION IS FOR SCHOOL USE ONLY –***

***INITIAL DETERMINATION***

TOTAL INCOME $ _____ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ DATE _____

LEAs must annualize income ONLY when multiple incomes at varying frequencies are reported.

| Annual Income Conversion: | Weekly | Every 2 Weeks | Twice a Month | Once a month |
|---|---|---|---|---|
| | $ _____ x 52 = $ _____ | $ _____ x 26 = $ _____ | $ _____ x 24 = $ _____ | $ _____ x 12 = $ _____ |

☐ **Free based on:**
- ☐ Homeless
- ☐ Migrant
- ☐ Runaway
- ☐ Head Start
- ☐ SNAP or TANF
- ☐ Foster Child
- ☐ Household's Income

☐ **Reduced based on:**
- ☐ Household's Income

☐ **Denied – Reason**
- ☐ Income too high
- ☐ Incomplete Application
- ☐ Non-Qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official _____ Date: _____