West Northfield School District 31
2026~2027 재정 지원 양식
(매 학년도마다 작성해야 합니다.)

31학군에서는 교육위원회 정책 및/또는 USDA 소득 지침에 확립된 지침 된 다음 요건을 충족하는 학생들에게 수업료를 감면하고 면제해 줍니다.

아래 지침을 따라 **학교 납부금** (학비, 기기, 8학년 졸업비 및 활동비), **교통비** 그리고 **식사비**를 신청하세요.

첫번째: 페이지 4을 작성하세요. (ISBE 가구 및 소득 양식)
2026년 소득 자격 기준을 https://www.isbe.net/documents/IEG-26.pdf에서 확인하세요.

가구 구성원: 귀하의 가구에 거주하는 모든 사람의 이름을 나열하십시오. 부모, 조부모, 자녀, 친척 및 가구에 거주하는 모든 사람들을 포함하십시오.

월 소득: 가구 내 각 사람이 받는 총 세전 소득(세금, 사회 보장 등 공제 전)을 나열하고, 그 소득의 출처(예: 임금, 퇴직금, 자녀 양육비, 실업수당 또는 복지 혜택)를 기재하십시오.

두번째 A: 일리노이 주 민간 서비스부(DHS) SNAP 혜택 승인서를 사본으로 제출하십시오.

두번째 B: 만약 SNAP 혜택을 받지 않으시는 경우, **첫번째** 신청서와 함께 다음 서류를 제출해 주십시오.

- 신청일 기준으로 가장 최근의 3개 연속된 급여 명세서
- 가장 최근 1040 연방 및 주 소득세 신고서와 함께 W2, 1099 및/또는 기타 적절한 세금 서류
- 현금으로 임금을 받는 경우, 소득을 증명할 수 있는 서류를 제출하십시오. (예: 회사 로고가 포함된 고용주로부터의 편지)
- 이혼한 경우, 교육적 책임에 관한 이혼 판결서 사본, 서명 페이지 및 법원 도장이 찍힌 페이지

세번째: 이 문서의 2쪽에 서명하세요.

네번째: 등록 후 30일 이내 또는 가능한 한 빨리 작성된 신청서, SNAP 혜택 승인서 또는 위에 나열된 기타 필요한 서류를 교육청 사무실에 제출하십시오. 학교 구청은 학년도 동안 언제든지 추가 정보를 요청할 수 있습니다. 신청서가 승인되거나 거부되면 교육청에서 통지해 드립니다.

31학군 재정 지원에 대한 추가 정보

● 어떤 아동도 인종, 피부색, 출신 국가, 나이, 성별, 장애 또는 기타 보호된 범주로 인해 차별받지 않습니다. 만약 차별을 받았다고 생각되면 즉시 농업부 장관에게 서면으로 신고하십시오. (주소: Washington, D. C. 20250)

● 신청서에 대한 학교의 결정에 동의하지 않으면 학교와 논의할 수 있습니다. 또한 공정한 청문회를 받을 권리가 있습니다. 청문회를 요청하려면 West Northfield School District 31의 교육감에게 서면으로 요청하십시오. (주소: 3131 Techny Road, Northbrook, Illinois 60062)

● 이 과정에서 제공하는 정보는 기밀로 처리됩니다.

● 학년도 중 언제든지 혜택을 신청하실 수 있습니다. 현재 자격이 없더라도, 나중에 가구 소득이 감소하거나 가구 규모가 늘어나거나 실직하게 되면 그때 신청서를 작성하실 수 있습니다. 이 결정은 소급 적용되지 않으며, 결정이 최종 확정된 날부터 유효합니다.

● 교육청이 재정 지원 요청을 승인한 경우, 가구 소득이 월 $50 이상 (연간 $600.00) 증가하거나 가구 규모가 감소하거나 더 이상 SNAP 혜택 또는 식품 지원을 받지 않는 경우, 학교에 이를 알려야 합니다. 교육청은 학년도 동안 언제든지 자격을 확인하거나 추가 정보를 요청할 수 있습니다.

귀하의 서명은 제공하신 정보가 정확함을 확인하며, 학교 관계자가 제공된 정보를 확인하거나 점검할 수 있음을 이해 하였음을 의미합니다.

이 양식에 제공된 정보를 읽었고 이해하셨으면 아래에 서명하세요.

_____ _____

(부모/보호자 서명) **(날짜)**

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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**.
(school name)

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only)	(for Student only)	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 NO 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

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

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. 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: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: ____ CHANGE IN STATUS: _____ Date _____

Currently receive benefits based on:

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

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: The applicant will obey all applicable state and federal laws, regulations, and executive orders, including without limitation: those regarding the confidentiality of student records, such as the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) and the Illinois School Student Records Act (ISSRA) (105 ILCS 10/1 et seq.); those prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap, such as Title IX of the Amendments of 1972 (20 U.S.C. 1681 et seq.) and 34 CFR part 106, the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and 34 CFR part 104, the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.), the Age Discrimination Act (42 U.S.C. 6101 et seq.) and 34 CFR part 110, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., 2000e et seq.) and 34 CFR part 100, the Public Works Employment Discrimination Act (775 ILCS 10/0.01 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.); and the Illinois School Code (105 ILCS 5/1-1 et seq.). Further, no award recipient shall deny access to the program funded under the grant to students who lack documentation of their immigration status or legal presence in the United States (Plyler v. Doe, 457 U.S. 202, 102 S.Ct. 2382 (1982)).

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, 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.