West Northfield School District 31
2026 - 2027 Оны Санхүүгийн Тусламжийн Маягт

(Энэ Маягтыг Жил Бүр Бөглөнө.)

31-р Сургуулийн Дүүрэг нь Боловсролын Зөвлөлийн Бодлого ба/эсвэл USDA Орлогын Удирдамжид заасан шаардлага хангасан өрхийн оюутнуудыг төлбөрөөс хөнгөлж, чөлөөлдөг.

Та **сургуулийн зардал төлбөр** (сургуулиас авч хэрэглэдэг компьютер болон бусад тоног төхөөрөмж, 8-р анги төгсөх төгсөлтийн баярын зардал болон бусад сургууль дээр зохиодог үйл ажиллагааны зардал) **сургуулийн автобусны зардал**, **өглөө, өдрийн хоолны зардал**ууддаа хөнгөлөлт авахын тулд доорх зааврыг даган хүсэлтээ гаргаарай

Алхам 1: **3-р хуудсыг бөглөнө үү** (ISBE Өрхийн болон орлогын маягт) 2026 оны Орлогын эрх олгох удирдамжийг доорх линк дээр дараад харна уу: https://www.isbe.net/documents/IEG-26.pdf

ӨРХИЙН ГИШҮҮД: Танай гэрт хамт амьдардаг бүх хүмүүсийн нэрсийг жагсаан бич. Үүнд: таны аав ээж, эмээ өвөө, хамаатан, хамаатан бус танил тал гэх мэт танай гэрт амьдардаг бүх хүмүүс орох юм.

САРЫН ОРЛОГО: Танай өрх гэрт амьдардаг хүн бүрийн олсон **нийт бохир орлогыг** гарсан зардалууд, төлсөн татвар, нийгмийн халамжийн хураамж гэх мэтийг хасахаасаа ӨМНӨ жагсаан бичээрэй. Таны нийт бохир орлогонд цалин, тэтгэвэр, хүүхдийн мөнгө, ажилгүйдэл, халамж гэх мэт янз бүрийн орлогууд орох болно.

Алхам 2А: **Иллинойс мужийн Хүний Үйлчилгээний Хэлтсээс (DHS) SNAP тэтгэмжийн зөвшөөрлийн захидалынхаа хуулбарыг өгөөрэй.**

Алхам 2Б: **Хэрэв та SNAP-ийн тэтгэмжийг хүлээн авдаггүй бол дараахь зүйлсийг Алхам 1-т дурдсан маягтын хамт өгөөрэй**

- Өргөдөл гаргасан өдрөөс өмнө авсан хамгийн сүүлийн дараалсан гурван (3) цалингийн баримтын хуулбар
- Хамгийн сүүлийн Улсын болон Мужийн Татвар бодуулсан баримт болох 1040 маягтаа W2 буюу 1099 зэрэг цалингийн баримтууд болон бас бусад татвар бодуулахдаа бүрдүүлж өгсөн баримтуудын хамт өгөөрэй
- Хэрэв та цалингаа бэлэн мөнгөөр авсан бол таны орлогыг баталгаажуулсан баримт бичгийг өгөөрэй. Үүнд таны ажилладаг компаний нэртэй цаасан дээр таны ажил олгогчийн бичсэн захидал байж болно.
- Хэрэв САЛСАН бол Гэр Бүл Цуцлах тогтоолын Боловсролын талаарх Хариуцлагуудыг дурдсан хуудас, гарын үсэг зурсан хуудас, мөн Шүүхийн Тамгатай хуудасны хуулбарыг өгөөрэй.

Алхам 3: Энэ баримт бичгийн 2-р хуудсанд гарын үсэгээ зураарай.

Алхам 4: Өргөдлөө бөглөж дуусгаад, SNAP тэтгэмжийн зөвшөөрлийн захидал ЭСВЭЛ дээр дурдсан бусад шаардлагатай бичиг баримтыг бүртгүүлсэнээсээ хойш 30 хоногийн дотор буюу эсвэл нэн даруй Дүүрэгийн Оффист өгөөрэй. Сургуулийн Дүүрэг хичээлийн жилийн аль ч үед танаас нэмэлт мэдээлэл хүсэх эрхтэй. Дүүрэг таны аппликэйшн зөвшөөрсөн эсвэл татгалзсан хариу танд өгөх болно.

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- Ямар ч хүүхдийг арьс өнгө, үндэс угсаа, нас, хүйс, хөгжлийн бэрхшээл эсвэл бусад хамгаалагдсан ангилалаар ялгаварлан гадуурхагдах ёсгүй. Хэрэв та гадуурхагдсан гэж үзэж байгаа бол нэн даруй Хөдөө Аж Ахуйн Нарийн Бичгийн Дарга, Вашингтон, Д.С. 20250 руу бичээрэй
- Хэрэв та хүсвэл, сургуульд бөглөж өгсөн аппликэйшны хариундаа санал нийлэхгүй байгаа бол сургуулийн удирдлагатай ярилцахыг хүсэж болно. Мөн танд" шударга сонсголд" хандах эрхтэй. Шударга сонсголд хандах хүсэлтээ өгөхийн тулд West Northfield School District 31, 3131 Techny Road, Northbrook, IL 60062 хаягаар Сургуулийн Ахлах Захирал руу захидал бичиж илгээгээрэй.
- Энэ үйл явцад өгсөн таны мэдээлэл нууцлагдах болно.
- Та хичээлийн жилийн аль ч үед тэтгэмж авах хүсэлт гаргаж болно. Хэрэв та одоо хамрагдах эрхгүй бол, гэхдээ хожим нь танай өрхийн орлого буурах, ам бүл нэмэгдэх, эсвэл та ажилгүй болсон тэр үедээ аппликэйшн бөглөж бас болох юм. Хэрэв та эерэг/зөвшөөрсөн хариу авсан тохиолдолд, тэр хариу гарсан өдрөөс эхлэн таны санхүүгийн тусламж хүчин төгөлдөр болж үйлчилж эхэлнэ.
- Хэрвээ таны санхүүгийн тусламж авах аппликэйшныг Дүүрэг зөвшөөрч батлаад, та тусламж авч байх үед танай өрхийн сарын орлого $50 (жилд $600 гэсэн үг) буюу түүнээс дээш долларааp нэмэгдвэл, эсвэл танай өрхийн хүн амын тоо цөөрвөл, мөн SNAP халамж эсвэл хүнсний талон хүлээн авахаа больсон бол та энэ тухайгаа сургуульд заавал мэдэгдэх ёстой. Дүүрэг хичээлийн жилийн аль ч үед таны шалгуурт тэнцэж буй эсэх эсвэл танаас нэмэлт мэдээлэл авах хүсэлт гаргаж болно.

Таны гарын үсэг нь таны өгсөн мэдээлэл үнэн зөв болохыг баталгаажуулж, сургуулийн ажилтнууд таны өгсөн мэдээллийг шалгаж магадлах боломжтойг ойлгож байгааг илэрхийлнэ.

Энэ Маягтанд өгөгдсөн мэдээллийг уншиж, ойлгосноо баталгаажуулж доор гарын үсгээ зураарай.

_____ _____

(Эцэг Эх / Асран Хамгаалагчийн Гарын Үсэг) **(Огноо)**

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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.