Школьный округ Вест Нортфилд 31
2026 - 2027 Форма финансовой помощи

(Должно быть завершено для каждого школьного года.)

Школьный округ 31 предоставляет скидки и освобождение от оплаты для учеников из семей, которые соответствуют критериям, установленным правилами Совета по образованию и/или Руководящими принципами доходов USDA.

Следуйте инструкциям ниже для подачи заявки на освобождение от **школьных сборов** (по уровню класса, за технологии, выпускной 8-го класса и мероприятия), **транспортные сборы и оплату питания**.

Шаг 1: Заполните страницу 3 (Форма домохозяйства и доходов ISBE)
Ознакомьтесь с Руководящими принципами по доходам на 2026 год по ссылке:
https://www.isbe.net/documents/IEG-26.pdf

ЧЛЕНЫ ДОМОХОЗЯЙСТВА: Укажите имена всех, кто живет в вашем домохозяйстве. Включите родителей, бабушек и дедушек, всех детей, других родственников и посторонних людей, которые проживают в вашем домохозяйстве.

МЕСЯЧНЫЙ ДОХОД: Укажите общий валовой доход (ДО вычета расходов и налогов), который получает каждый человек в домохозяйстве, а также источник дохода, например, зарплата, пенсия, алименты, пособие по безработице или социальная помощь.

Шаг 2А: Предоставьте копию письма-уведомления о получении пособий SNAP от Департамента социальных служб штата Иллинойс (DHS).

Шаг 2Б: Если вы НЕ получаете пособия SNAP, предоставьте следующие документы вместе с заявкой из Шага 1:
● Три (3) самых последних подряд идущих платежных чека на момент подачи заявления.
● Последние полные налоговые декларации по форме 1040 (федеральные и штата) вместе с формами W2, 1099 и/или другой налоговой документацией.
● Если зарплата выплачивается наличными, предоставьте документ, подтверждающий доход (например, письмо от работодателя на фирменном бланке компании).
● Если вы разведены, приложите копию разделов бракоразводного решения о финансовой ответственности за образование, страницу с подписями и страницу с печатью суда.

Шаг 3: Подпишите страницу 2 этого документа.

Шаг 4: Верните заполненное заявление вместе с письмом о получении пособий SNAP ИЛИ другими необходимыми документами, перечисленными выше, в офис округа в течение 30 дней после регистрации или как можно скорее. Школьный округ имеет право запрашивать дополнительную информацию в любое время в течение учебного года. Округ уведомит вас о решении по вашей заявке (одобрении или отказе).

Дополнительная информация о финансовой помощи в округе 31

● Ни один ребенок не подвергается дискриминации по признаку расы, цвета кожи, национального происхождения, возраста, пола, инвалидности или другой защищенной категории. Если вы считаете, что вас подвергли дискриминации, немедленно напишите секретарю Министерства сельского хозяйства США, Вашингтон, округ Колумбия, 20250.

● Если вы не согласны с решением школы по вашей заявке, вы можете обсудить это со школой. Также у вас есть право на справедливое слушание. Запросите слушание, написав заявление на имя суперинтенданта школ по адресу: West Northfield School District 31, 3131 Techny Road, Northbrook, Illinois 60062.

● Информация, предоставленная вами в процессе подачи заявки, является конфиденциальной.

● Вы можете подать заявку на получение льгот в любое время в течение учебного года. Если вы сейчас не имеете права на льготы, но позже у вас уменьшится доход, увеличится количество членов семьи или вы потеряете работу, вы сможете подать заявку в этот момент. Это решение не имеет обратной силы и вступит в силу со дня его принятия.

● Если округ одобрит вашу заявку на финансовую помощь, вы должны сообщить школе, если ваш доход увеличится на $50 или более в месяц ($600 в год), если количество членов семьи уменьшится или если вы больше не получаете пособия SNAP. Округ может проверить ваше право на льготы или запросить дополнительную информацию в любое время в течение учебного года.

Ваша подпись подтверждает, что предоставленная вами информация является достоверной и что вы понимаете, что сотрудники школы могут проверять предоставленные данные.

Пожалуйста, подпишите ниже, подтверждая, что вы прочитали и понимаете информацию, изложенную в этой форме.

_____ _____

(Подпись родителя / Опекуна) **(Дата)**

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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.