Distrito Escolar West Northfield 31
Formulario de Ayuda Financiera 2026 - 2027
(Se debe completar para cada año escolar.)

El Distrito Escolar 31 ofrece reducción y exoneración de tarifas para estudiantes de hogares que cumplan con las pautas establecidas en las políticas de la Junta de Educación y/o las Pautas de Ingresos del USDA.

Siga las instrucciones a continuación para solicitar exenciones de **tarifas escolares** (nivel de grado, tecnología, graduación de 8° grado y tarifas de actividades), **tarifas de transporte** y **tarifas de comida**.

Paso 1: Complete la Página 3 (Formulario de Ingresos y Hogar ISBE)
Consulte las Pautas de Elegibilidad de Ingresos 2026 en
https://www.isbe.net/documents/IEG-26.pdf

MIEMBROS DEL HOGAR: Enumere los nombres de todas las personas que viven en su hogar. Incluya padres, abuelos, todos los hijos, otros familiares y personas no relacionadas que vivan en su hogar.

INGRESO MENSUAL: Enumera el **ingreso bruto total** (ANTES de los gastos y deducciones por impuestos, seguro social, etc.) que cada persona en el hogar recibe y la fuente del ingreso, como salarios, jubilación, manutención infantil, desempleo o asistencia pública.

Paso 2A: Proporcione una copia de la carta de aprobación de beneficios SNAP del Departamento de Servicios Humanos del Estado de Illinois (DHS).

Paso 2B: Si NO recibe beneficios SNAP, proporciona lo siguiente con su solicitud del Paso 1:
● Tres (3) talones de pago consecutivos más actuales desde la fecha de la solicitud.
● La última declaración de impuestos federales y estatales 1040 completa junto con los formularios W2, 1099 y/o otra documentación fiscal pertinente.
● Si los salarios se reciben en efectivo, proporcione documentación que verifique el ingreso (por ejemplo, carta del empleador en papel membretado de la empresa).
● Si está DIVORCIADO, proporcione una copia de la sentencia de divorcio, secciones sobre responsabilidades educativas, página de firmas y página con el sello del tribunal.

Paso 3: Firme la Página 2 de este documento.

Paso 4: Devuelva la solicitud completa, su carta de aprobación de beneficios SNAP O la otra documentación requerida mencionada anteriormente a la oficina del Distrito dentro de los 30 días posteriores al registro o lo antes posible. El Distrito Escolar puede solicitar información adicional en cualquier momento durante el año escolar. El Distrito le notificará cuando su solicitud sea aprobada o denegada.

Información adicional sobre la Ayuda Financiera del Distrito 31

● Ningún niño es discriminado por raza, color, origen nacional, edad, sexo, discapacidad o cualquier otra clase protegida. Si cree que ha sido discriminado, escriba de inmediato al Secretario de Agricultura, Washington, D. C. 20250.
● Si no está de acuerdo con la decisión de la escuela sobre su solicitud, puede desear discutirlo con la escuela. También tiene derecho a una audiencia justa. Solicite una audiencia escribiendo al Superintendente de Escuelas, Distrito Escolar West Northfield 31, 3131 Techny Road, Northbrook, Illinois 60062.
● La información que proporcione para este proceso es confidencial.
● Puede solicitar beneficios en cualquier momento durante el año escolar. Si no es elegible ahora, pero más tarde tiene una disminución en el ingreso del hogar, un aumento en el tamaño del hogar o queda desempleado, puede llenar una solicitud en ese momento. Esta determinación no será retroactiva, pero entrará en vigor el día en que se finalice la determinación.
● Si el Distrito aprueba su solicitud de ayuda financiera, debe informar a la escuela si su ingreso familiar aumenta en $50 o más por mes ($600.00 al año), si el tamaño de su hogar disminuye o si ya no recibe beneficios SNAP o cupones de alimentos. El Distrito puede verificar su elegibilidad o solicitar información adicional en cualquier momento durante el año escolar.

Su firma verifica que la información proporcionada es precisa y que entiende que los funcionarios escolares pueden verificar/comprobar la información proporcionada.

Por favor, firme abajo para confirmar que ha leído y entiende la información proporcionada arriba en este formulario.

_____ _____

(Firma del Padre / Tutor) **(Fecha)**

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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.