



Lincolnshire-Prairie View School District 103 Administration Offices

111 Barclay Blvd., Suite 100 • Lincolnshire, IL 60069
847/295-4030 • FAX 847/821-0189
<http://www.d103.org>

Scott Warren, Ed.D.
Superintendent

Patrick Palbicke
Assistant Superintendent
For Business, CSBO

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Dear Parent/Guardian:

Children need proper nutrition to learn. **Lincolnshire-Prairie View School District 103** offers healthy milk and/or meals every school day. Your child(ren) may qualify for free milk and/or meals. To apply for free milk and/or meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information.

Return the completed application to:

Carey Murphy/ Lincolnshire-Prairie View School Dist. 103 / 111 Barclay Blvd., Suite 100, Lincolnshire, IL 60069 / cmurphy@d103.org / Fax (847) 821-0189 / Phone (847) 295-4030

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free milk and/or meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. **WHO CAN GET FREE MILK AND/OR MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), households receiving Temporary Assistance for Needy Families (TANF) and/or individual foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals, regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your child will get free meals, please contact your school to see if your child(ren) qualifies.
3. **A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MILK AND/OR MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MILK AND/OR MEALS?** No. You do not need to do anything more to receive free milk and/or meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
4. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school has already told you that your child is eligible for the new school year.
5. **I GET WIC. CAN MY CHILD(REN) GET FREE MILK AND/OR MEALS?** Children in households participating in WIC may be eligible for free milk and/or meals. Please fill out the enclosed application and return the completed application to the school.
6. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof.
8. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes. You may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free milk and/or meals if the household income drops below the income limit.
9. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You may also ask for a hearing by calling or writing the person listed above.
10. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to apply.
11. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime occasionally. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application or may not receive income at all. If this is the case, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP, TANF, or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

Patrick Palbicke
Assistant Superintendent for Business, CSBO

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 BUSINESS OFFICE:

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 and Part 3: Skip

Part 4: An adult household member must sign this form

Please attach documentation that shows SNAP or TANF benefits for your student.

_____ SNAP or TANF certification notice showing the dates of the certification period.

_____ Letter from the SNAP or welfare office stating you receive SNAP or TANF.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

FOSTER CHILD OR WARD OF THE STATE, HOMELESS, MIGRANT OR RUNAWAY OR HEAD START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETED FORM TO BUSINESS OFFICE:

Part 1: List all household members and the name of school for each child. (Attach another sheet of paper if necessary.)

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school. (Foster Child skip this step)

Part 3: Skip

Part 4: An adult household member must sign this form.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOUR HOUSEHOLD DOES NOT RECEIVE SNAP OR TANF BENEFITS FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO BUSINESS OFFICE:

Part 1: List all household members and the name of school for each child. (Attach another sheet of paper if necessary.)

Part 2: Skip

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, FDIPIR, 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, FDIPIR, 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: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

INCOME VERIFICATION REQUIRED

Attach copy of IRS Form 1040 for most current tax year. OR

If no taxes were filed, please attach documentation that shows your household's current income.

ONE CURRENT MONTH OF PROOF OF INCOME MUST BE SUBMITTED

- ✓ **Earnings/Wages/Salary for each job:** Payroll stub (s) that shows earnings for the most recent month and how often pay is received or letter from employer stating gross wages and how often they are paid.
- ✓ **Social Security/Pensions/Retirement:** Social Security retirement benefit letter or statement of benefits received or pension award notice.
- ✓ **Unemployment compensation/disability worker's compensation:** Notice of eligibility from State employment security office or check stub or letter from worker's compensation.
- ✓ **Welfare Payments:** Benefit letter from welfare agency.
- ✓ **Child Support/Alimony:** Court decree or agreement or copies of check received.
- ✓ **All Other Income:** If you have forms of income (such as rental income), send information or papers that show the amount of income received, how often it is received, and the date received.
- ✓ **No Income:** If you have no income, send a letter explaining how you provide food, clothing and housing for your household, and when you expect income.

The documentation you supply must show the name of the person who received the income, the date it was received, how much was received.

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.)			SNAP OR TANF CASE NUMBER ONLY	Check if Foster Child*
First, Middle Initial, Last	School Name	Grade	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.	
				☐
				☐
				☐
				☐
				☐
				☐

* 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 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 \$ _____ x 52 = \$ _____	Every 2 Weeks \$ _____ x 26 = \$ _____	Twice a Month \$ _____ x 24 = \$ _____	Once a month \$ _____ x 12 = \$ _____
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☐ **Free based on:**
☐ Homeless ☐ SNAP or TANF
☐ Migrant ☐ Foster Child
☐ Runaway ☐ Household's Income
☐ Head Start
☐ **Reduced based on:**☐ Household's Income☐ **Denied – Reason**
☐ Income too high
☐ Incomplete Application
☐ Non-Qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official

Date: _____