SCHOOL NUTRITION PROGRAM
Household Eligibility for Free or Reduced-Price Meals

Dear Parent/Guardian:

Children need healthy meals to learn. Lisle Community Unit School District 202 offers healthy meals every school day. Breakfast costs $ 2.20; lunch costs $ 3.90.

Your children may qualify for free meals or for reduced-price meals. The reduced-price is $ 0.30 for breakfast and $ 0.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is incomplete, so be sure to fill out all required information.

Return the completed Household Eligibility Application to:
Your students' building or to the District Office, Attn: Marilyn Buchholz, at 925 Burlington Ave., Lisle, IL 60532
*ONE Application per household, please!

Your child(ren) may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines
Effective July 1, 2026 - June 30, 2027
185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
For each additional household member, add:	10,508	876	438	405	203

Below are some common questions and answers to help you with the application process.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced-price 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 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. WHO CAN GET REDUCED-PRICE MEALS? Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines chart, shown above.

4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free 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.
5. 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 saying 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.
6. 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.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out the enclosed application and return the completed application to the school.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
9. 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 or reduced-price meals if the household income drops below the income limit.
10. 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.
11. 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 qualify for free or reduced-price meals.
12. 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.
13. 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.
14. 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 zero. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. 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.
16. 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).

HOUSEHOLD APPLICATION FOR FREE MILK/MEAL, REDUCED-PRICE MEALS, AND SUMMER EBT

COMPLETE ONE APPLICATION PER HOUSEHOLD, PER SCHOOL DISTRICT
See instructions included with this form

School Use Only
☐ Check if Error Prone

PART 1 List names of all Household Members (anyone who is living with you and shares income and expenses, even if not related, including you.) Attach another sheet of paper if you need space for more names.

Household Member First, Middle Initial, Last	If the household member is a student, include school name and grade level School Name	Grade	Do any household members (including you) participate in SNAP or TANF? **NO** → Go to STEP 2 **YES** → Write case number and proceed to STEP 4 **SNAP or TANF Case Number***	**Check if Foster Child****
				☐
				☐
				☐
				☐
				☐
				☐

* **Note regarding Medicaid:** Medicaid case numbers are not accepted on the household application. If any household members receive Medicaid – and were not directly certified for free meals – you MUST provide income information on PART 3 of this application.

** A foster child is the legal responsibility of a welfare agency or court.

PART 2 Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)

Check all that apply:

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

______________________________ Signature of your school Homeless Liaison, Migrant Coordinator, or Head Start Director

__________ Date

PART 3 Total Household Gross Income (before deductions). You must tell us how much income is received and how often.

List all household members from STEP 1 (including yourself) who receive income. For each source of income, report the total amount of gross income (before taxes and deductions) in whole dollars (no cents) and tell us how often the income is received – *every week, every 2 weeks, every month, twice a month, yearly, etc.*

Name of Household Member who Receives Income	Earnings from Work *(Before Deductions)*	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income *(Worker's Comp., SSI, Unemployment, etc.)*
	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______
	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______
	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______
	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______
	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______	Amount ______ How Often? ______

PART 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.

Social Security Number: X X X - X X - _____ OR ☐ I do not have a 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.

Printed Name of Adult Household Member	Signature of Adult Household Member	Date

PART 5 Contact Information (optional)

Work Telephone Number (include area code)	Home Telephone Number (include area code)	Home Address (Number, Street, City, State, Zip Code)

PART 6 Children's Ethnic and Racial Identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic/Latino	☐ American Indian or Alaska Native	☐ Black or African American
☐ Not Hispanic/Latino	☐ Asian	☐ Native Hawaiian or Other Pacific Islander
		☐ White

THIS SECTION IS FOR SCHOOL USE ONLY

INITIAL DETERMINATION

TOTAL INCOME $ _____ NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____

Per: Week Every 2 Weeks 2x per Month Month Year DATE: _____

ANNUAL INCOME CONVERSION:

LEAs must annualize income ONLY when multiple incomes at varying frequencies are reported.

Weekly	Every 2 Weeks	2x per Month	Once a Month
$ _____ x 52 = $ _____	$ _____ x 26 = $ _____	$ _____ x 24 = $ _____	$ _____ x 12 = $ _____

Total Annual Income $ _____

☐ FREE
Based On:
- ☐ Homeless
- ☐ Migrant
- ☐ Runaway
- ☐ Head Start
- ☐ SNAP or TANF
- ☐ Foster Child
- ☐ Household Income

☐ REDUCED
Based On:
- ☐ Household Income

☐ DENIED
Reason:
- ☐ Income too high
- ☐ Incomplete Application
- ☐ Non-Qualifying SNAP/TANF

☐ VERIFICATION
(as applicable)
- ☐ Verification Sample
- ☐ Verified for Cause

Date Withdrawn _____

Signature of Determining Official Date

Signature of Confirming Official Date

Signature of Verifying Official Date