PROGRAMA DE NUTRICIÓN ESCOLAR
Elegibilidad del hogar para comidas gratuitas o a precio reducido

Estimado padre/tutor:

Los niños necesitan comidas saludables para aprender.

Mahomet-Seymour CUSD 3 ofrece comidas saludables todos los días escolares. El desayuno cuesta $ 1.75 (MPE & LT) $1.85 (MSJH & MSHS); El almuerzo cuesta $ 2.70 (MPE & LT) /$2.80 (MSJH & MSHS). Tus hijos pueden calificar para comidas gratis o para comidas a precio reducido. El precio reducido es $ 0.30 para el desayuno y $ 0.40 para el almuerzo. Para solicitar comidas gratuitas o a precio reducido, utiliza la Solicitud de Elegibilidad del Hogar, que se adjunta. No podemos aprobar una solicitud incompleta, así que asegúrate de llenar toda la información requerida.

Devuelve la solicitud de *elegibilidad del hogar* completada a:

Heather Berbaum, 1301 S. Bulldog Drive, Mahomet, IL 61853

Tu(s) hijo(s) podría(n) calificar para comidas gratuitas o a precio reducido si los ingresos de tu hogar caen en o por debajo de los límites en esta tabla.

Pautas de Elegibilidad de Ingresos
Vigentes del 1 de julio de 2026 al 30 de junio de 2027

Guía Federal de Pobreza del 185%

Tamaño del hogar	Anual	Mensual	Dos veces al mes	Cada Dos Semanas	Semanal
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
Por cada miembro adicional del hogar, agrega:	10,508	876	438	405	203

A continuación, algunas preguntas y respuestas comunes para ayudarte en el proceso de solicitud.

1. ¿NECESITO LLENAR UNA SOLICITUD PARA CADA NIÑO? No. Completa la solicitud para solicitar comidas gratuitas o a precio reducido. Usa una sola Solicitud de Elegibilidad para Hogares para todos los estudiantes de tu hogar por distrito. No podemos aprobar una solicitud que no esté completa, así que asegúrate de llenar toda la información requerida. Devuelve la solicitud completada a la escuela.
2. ¿QUIÉN PUEDE CONSEGUIR COMIDAS GRATIS? Todos los niños en hogares que reciben beneficios del Programa de Asistencia Nutricional Suplementaria (SNAP), hogares que reciben Asistencia Temporal para Familias Necesitadas (TANF) y/o niños individuales en cuidado temporal que están bajo la responsabilidad legal de una agencia o tribunal de cuidado temporal son elegibles para comidas gratuitas, sin importar sus ingresos. Además, tus hijos pueden obtener comidas gratis si el ingreso bruto de tu hogar está dentro de los límites libres de las Directrices Federales de Elegibilidad para Ingresos. Los niños que cumplen con la definición de personas sin hogar, fugitivos o migrantes también califican para comidas gratuitas. Si no te han dicho que tu hijo tendrá comidas gratis, por favor contacta a tu escuela para ver si tu(s) hijo(s) califica.

3. ¿QUIÉN PUEDE CONSEGUIR COMIDAS A PRECIO REDUCIDO? Tus hijos pueden obtener comidas de bajo costo si los ingresos de tu hogar están dentro de los límites de precio reducido en la tabla de las Guías de Elegibilidad de Ingresos Federales, mostrada arriba.
4. UN MIEMBRO DE MI HOGAR RECIBIÓ BENEFICIOS SNAP O TANF. LA ESCUELA ENVIÓ UNA CARTA INDICANDO QUE MI HIJO ESTÁ AUTOMÁTICAMENTE APROBADO PARA COMIDAS GRATIS CON CERTIFICACIÓN DIRECTA. ¿NECESITO HACER ALGO MÁS PARA ASEGURAR QUE MI HIJO RECIBA COMIDAS GRATIS? No. No necesitas hacer nada más para recibir comidas gratis para tu hijo. Si tienes estudiantes que no aparecen en la carta, contacta a la escuela de inmediato. Si no deseas recibir las comidas gratis, debes seguir los pasos indicados en la carta de la escuela para notificar al personal escolar de inmediato.
5. ¿CÓMO SÉ SI MIS HIJOS CALIFICAN COMO PERSONAS SIN HOGAR, MIGRANTES O FUGITIVAS? ¿Los miembros de tu hogar no tienen una dirección permanente? ¿Estás diciendo que juntos en un refugio, hotel u otro arreglo temporal de vivienda? ¿Tu familia se muda de manera estacional? ¿Hay niños viviendo contigo que hayan decidido dejar a su familia o hogar anterior? Si crees que los niños de tu hogar cumplen con estas descripciones y no te han dicho que tus hijos tendrán comidas gratis, por favor contacta a tu escuela.
6. LA SOLICITUD DE MI HIJO FUE APROBADA EL AÑO PASADO. ¿NECESITO LLENAR OTRO? Sí. La solicitud de tu hijo solo es válida para ese año escolar y para los primeros días de este ciclo escolar. Debes enviar una nueva solicitud a menos que la escuela ya te haya informado que tu hijo es elegible para el nuevo ciclo escolar.
7. ENTIENDO WIC. ¿PUEDE MI(S) HIJO(S) RECIBIR COMIDAS GRATIS? Los niños en hogares que participan en WIC pueden ser elegibles para comidas gratuitas o a precio reducido. Por favor, llene la solicitud adjunta y devuelva la solicitud completada a la escuela.
8. ¿SE REVISARÁ LA INFORMACIÓN QUE DÉ? Sí. También podríamos pedirte que envíes pruebas escritas.
9. SI NO CALIFICO AHORA, ¿PUEDO APLICAR DESPUÉS? Sí. Puedes aplicar en cualquier momento durante el ciclo escolar. Por ejemplo, los niños cuyos padres o tutores quedan desempleados pueden volverse elegibles para comidas gratuitas o a precio reducido si el ingreso del hogar baja del límite de ingresos.
10. ¿QUÉ PASA SI NO ESTOY DE ACUERDO CON LA DECISIÓN DE LA ESCUELA SOBRE MI SOLICITUD? Deberías hablar con los funcionarios de la escuela. También puedes solicitar una audiencia llamando o escribiendo a la persona mencionada arriba.
11. ¿PUEDO POSTULARME SI ALGUIEN EN MI HOGAR NO ES CIUDADANO ESTADOUNIDENSE? Sí. Tú o tu(s) hijo(s) no tienen que ser ciudadanos estadounidenses para calificar para comidas gratuitas o a precio reducido.
12. ¿A QUIÉN DEBERÍA INCLUIR COMO MIEMBROS DE MI HOGAR? Debes incluir a todas las personas que viven en tu hogar, sean parientes o no (como abuelos, otros parientes o amigos) que compartan ingresos y gastos. Debes incluirte a ti mismo y a todos los niños que viven contigo. Si vives con otras personas económicamente independientes (por ejemplo, personas a las que no apoyas, que no comPason ingresos contigo ni con tus hijos, y que pagan una Paso prorrateada de los gastos), no las incluyas.
13. ¿Y SI MIS INGRESOS NO SIEMPRE SON LOS MISMOS? Haz una lista de la cantidad que normalmente recibes. Por ejemplo, si normalmente ganas $1,000 al mes pero faltaste a trabajar el mes pasado y solo ganaste $900, pon que ganaste $1,000 al mes. Si normalmente tienes horas extra, inclúyelas, pero no las incluyas si solo trabajas horas extras ocasionalmente. Si has perdido un empleo o te han reducido las horas o el salario, usa tus ingresos actuales.
14. ¿QUÉ PASA SI ALGUNOS MIEMBROS DEL HOGAR NO TIENEN INGRESOS QUE REPORTAR? Los miembros del hogar pueden no recibir algunos tipos de ingresos que te pedimos que reportes en la solicitud o pueden no recibir ingresos en absoluto. Si este es el caso, escribe un 0 en el campo. Sin embargo, si algún campo de ingresos queda vacío o en blanco, esos también se contarán como cero. Por favor, ten cuidado al dejar en blanco los campos de ingresos, ya que asumiremos que lo hiciste.
15. ESTAMOS EN EL EJÉRCITO. ¿REPORTAMOS NUESTROS INGRESOS DE MANERA DIFERENTE? Tu pago básico y los bonos en efectivo deben reportarse como ingresos. Si recibes cualquier deducción por valor de efectivo por vivienda, comida o ropa fuera de la base, también debe incluirse como ingreso. Sin embargo, si tu vivienda forma Paso de la Iniciativa de Privatización de Vivienda Militar, no incluyas tu asignación de vivienda como ingreso. Cualquier pago adicional de combate resultante del despliegue también está excluido de los ingresos.
16. MI FAMILIA NECESITA MÁS AYUDA. ¿HAY OTROS PROGRAMAS A LOS QUE PODRÍAMOS APLICAR? Para saber cómo solicitar SNAP, TANF u otros beneficios de asistencia, comunícate con la oficina local del Departamento de Servicios Humanos o llama al (800) 843-6154 (voz) o al (800) 447-6404 (TTY).

Instructions to Apply for Free/Reduced-Price Meals

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 level of 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.)

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

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 instructions and return the completed form to your school:

Part 1: List all household members; provide the school and grade level of each student in the household. (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.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Adult household member must sign the form. If you completed Part 3 of the application, you must include the last four digits of the adult's Social Security Number (or mark the box if you do not have one).

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

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 name of each child's school. Check the "Foster Child" box for each foster child.

Parts 2 & 3: Skip these parts.

Part 4: Sign the form. The last four digits of a Social Security number are not necessary.

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

*If **some** (but not all) of the children in the household 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 each child's school. 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 received 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 any payment received for 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 household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This if for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive 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 you do not have one).

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

ALL OTHER HOUSEHOLDS, INCLUDING MEDICAID AND WIC HOUSEHOLDS, follow these instructions and return the completed form to your school:

Part 1: List all household members; provide the school and grade level of each student in the household. (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.

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 received 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 any payment received for 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 household from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This if for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or receive 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 you do not have one).

Parts 5 & 6: (optional) If you choose to, provide contact information and children's ethnic and racial identities.

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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:

☐ Hispanic/Latino

☐ Not Hispanic/Latino

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ 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

Print Reset Form