Cass School District 63

Concord Elementary School
Katie Doyle, Principal
1019 Concord Place
Darien, Illinois 60561

School District Office
Travis L. McGuire, Superintendent
8502 Bailey Road
Darien, Illinois 60561

Cass Junior High School
Christine Marcinkewicz, Principal
8502 Bailey Road
Darien, Illinois 60561

331-481-4000 **www.cassd63.org**

SCHOOL NUTRITION PROGRAM

Household Eligibility for Free or Reduced-Price Meals

Dear Parent/Guardian:

Children need healthy meals to learn. **Cass School District 63** offers healthy meals every school day at a cost of $4.25 per lunch. Reduced price lunch is $**.40**. Your child(ren) may qualify for free or reduced-price meals if your household income falls at or below the limits on the chart below. 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: Amy Underhill at the Cass School District 63 District Office, 8502 Bailey Road, Darien, Illinois 60561.

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).

Sincerely,

Amy Underhill
Administrative Assistant to Fiscal Services

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

Print Reset Form

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.

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