LETTER TO HOUSEHOLDS

Illinois Free Lunch and Free Special Milk Program

Dear Parent or Guardian:

The school serves free milk/meals each school day to eligible children. Children may buy milk for .50. Milk/meals are also available free for children who apply and qualify for the following reasons:

- If you now receive Supplemental Nutrition Assistance Program (SNAP) or TANF for your child(ren), your child(ren) can receive free milk/meals. If you received a **letter** from the school stating that your child was directly certified for free meals/milk **you do not have to complete this application to receive meal or milk benefits. If you do not want free meals/milk, contact the school.**
- If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can receive free milk/free meals.
- A foster child may receive free milk/meals regardless of your income.
- Homeless, migrant, runaway, and Head Start children are categorically eligible for free meals. Check the appropriate box and return to the school.

If a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, this school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information. Women, Infants, and Children (WIC) participants **may** be eligible for free/reduced-price meals and are encouraged to complete an application for meal/milk benefits.

TO RECEIVE FREE MILK/MEALS FOR YOUR CHILD(REN), YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.

INCOME GUIDELINES
Effective from July 1, 2009, to June 30, 2010

	Free Meals 130% Federal Poverty Guideline				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,079	1,174	587	542	271
2	18,941	1,579	790	729	365
3	23,803	1,984	992	916	458
4	28,665	2,389	1.195	1,103	552
5	33,527	2,794	1,397	1,290	645
6	38,389	3,200	1,600	1,477	739
7	43,251	3,605	1,803	1,664	832
8	48,113	4,010	2,005	1,851	926
For each additional family member, add	4,862	406	203	187	94

HOW TO APPLY:

- If you now receive SNAP or TANF for the child(ren) you are applying for, the application must have the child(ren)'s names, a SNAP or TANF case number (**LINK card number cannot be used**) for each child(ren), and the signature of an adult household member .
- If you are applying for a foster child, the application must have the child's name, the child's personal use income, and an adult signature.
- If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the child(ren)'s names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member, and that adult's social security number or indicate if the adult does not have a social security number.
- Complete one application per household for all children who attend the same school district.

OTHER INFORMATION:

- FAIR HEARING: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

  Title _____ Phone _____

  Address _____

- CONFIDENTIALITY: School officials use the information on the application to decide if your child(ren) should receive free milk/meals and may disclose this information to other programs as allowed under the National School Lunch Act. In addition, the application information may be shared with All Kids* if the parent or legal guardian does not decline and sign on the application. If a school wishes to share the application information for other services, they are required to obtain parental or legal guardian permission. This may be accomplished by asking the parent or legal guardian to complete *Sharing Information With Other Programs*. This form will identify each program(s) that school officials may share the application information and social security number with.
- REAPPLICATION: You may apply for free milk/meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, a household member becomes unemployed, or receive SNAP or TANF for your child(ren), you may reapply.
- RACIAL/ETHNIC IDENTITY, CONTACT INFORMATION, AND ALL KIDS: You are not required to complete these sections to receive free or reduced-price meals. A parent or legal guardian must mark the box and sign **if you elect not** to allow school officials to share the application information with All Kids.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

We will let you know when your application is approved or denied.

Sincerely,

Cardia Gregorash

APPLICATION FOR ILLINOIS FREE LUNCH AND FREE SPECIAL MILK PROGRAM

Complete One Application Per Household Per School District

Part 1. Children in School (Use a separate application for each foster child)

NAMES OF ALL CHILDREN IN SCHOOL (First, Middle Initial, Last)	(School Name)	(Grade)	SNAP OR TANF CASE# (if any, per child) Skip to Part 5 if you list a SNAP or TANF case #

Part 2. Homeless, Migrant, or a Runaway

☐ Homeless ☐ Runaway
☐ Migrant ☐ Head Start

(Signature of Your School Homeless Liaison, Migrant Coordinator, Head Start Director) _____ (Date) _____

Part 3. Foster Child

☐ If this application is for a child who is the legal responsibility of a welfare agency or court, check box at left. Skip to Part 5

List the amount of the child's personal use monthly income. If none, indicate $0.00. .....$ _____

Part 4. Total Household Gross Income (before deductions) You must tell us how much and how often.

1. NAMES (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: $100/month; $100 /twice a month; $100/every other week; $100/week)				3. Check if NO Income
	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Worker's Comp., Unemployment, SSI, etc. (All Other Income)	
	Amount / How often?	Amount / How often?	Amount / How often?	Amount / How often?	
A.	$ /	$ /	$ /	$ /	☐
B.	$ /	$ /	$ /	$ /	☐
C.	$ /	$ /	$ /	$ /	☐
D.	$ /	$ /	$ /	$ /	☐
E.	$ /	$ /	$ /	$ /	☐

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box.

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security Number

☐ 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.

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

Part 6. Contact Information (Optional)

Work Telephone Number (include area code) _____ Home Telephone Number (include area code) _____ Home Address (number, street, city, zip code) _____

Part 7. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Mark one or more racial identities:
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ American Indian or Alaska Native

Part 8. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! **I DO NOT** want information from my Household Eligibility Application shared with All Kids. *Sign here:* _____

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 social security number of the adult household member who signs the application. 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 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 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.

***SCHOOL USE ONLY*— (LEA must use annual conversion on all applications in district.)**

INITIAL DETERMINATION **Annual Income Conversion** Weekly X **52** Every 2 Weeks X **26** Twice a Month X **24** Once a Month X **12**

TOTAL INCOME: $_____ **Per:** ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year **NUMBER IN HOUSEHOLD:** _____ **CHANGE IN STATUS:** _____ Date: _____

☐ **Free based on:**
- ☐ homeless
- ☐ migrant
- ☐ runaway
- ☐ Head Start
- ☐ SNAP or TANF
- ☐ foster child's income
- ☐ household's income

☐ **Denied—Reason:**
- ☐ income too high
- ☐ incomplete appplication

☐ **Temporary:**
- ☐ free Until:_____ Until:_____ (maximum is 45 days each)

DATE WITH-DRAWN: _____

Signature of Determining Official _____ Date _____