

## **FREE OR REDUCED LUNCH GUIDELINES**

Dear Parent/Guardian:

If you are interested in applying for Free or Reduced Lunch for your student(s), please review the information below. Income Eligibility guidelines for 2010-2011 are attached. To qualify you must meet these guidelines and be able to document your income. If you meet the guidelines and want to apply for Free or Reduced Lunch, you must read and complete the application and bring it to the Cashier during Registration.

Supporting documentation must come from one of the categories below:

**FOOD STAMP/TANF HOUSEHOLDS:** If you receive food stamps or Temporary Assistance for Needy Families (TANF) for your child, bring the information which shows your household is currently receiving these benefits. This can be: Food stamp/TANF certification notice showing dates of eligibility, or a letter from the food stamp/welfare office stating that you currently receive food stamp/TANF benefits, or a letter with an eligibility certificate for school meals. All these must have the current date and valid food stamp or TANF case number. Medical cards must have a valid case number indicating that you're currently receiving food stamps to be accepted.

**ADOPTED FOSTER CHILDREN:** A foster child who has been legally adopted becomes a member of the household in which they reside. The application must then contain all income for household members including payments from the State of Illinois.

**HOUSEHOLDS THAT DO NOT RECEIVE FOOD STAMPS/TANF BENEFITS:** If you do not receive food stamp/TANF benefits for your child, bring the information/paper(s) listed below that will show current income for all adult members in the household. Current income is the amount of money your household received last month. The information/paper(s) you bring must show: 1) the amount of income received; 2) the name of the person who received it; 3) the date the income was received; and 4) how often the income is received. The information/paper(s) can be:

### **EARNINGS/WAGES/SALARY FOR EACH JOB:**

Last two dated paycheck stubs

### **SOCIAL SECURITY/PENSIONS/RETIREMENT:**

Social Security Retirement benefit letter

Statement of benefits received

Pension award notice

### **UNEMPLOYMENT COMPENSATION/DISABILITY OR WORKER'S COMPENSATION:**

Notice of eligibility from State Employment Security Office

Last two dated check stubs

Letter from Worker's Compensation

**CHILD SUPPORT/ALIMONY:**

Court decree

Agreement

Most recent copy of check received

**ALL OTHER INCOME:**

If you have other forms of income (such as rental income), bring the information that will show the amount of the income received, the date received, and how often it is received.

**TEMPORARY APPLICATION:** Applications may be approved temporarily, not to exceed 45 calendar days, when income listed as "\$0" or income is received on a temporary basis such as temporary layoffs, strikes, temporary public assistance or temporary disability. Temporary approval may be extended up to another 45 calendar days if follow-up indicates no change in circumstances.

If you have any questions or need help in deciding the kind of information to bring, please call the School Cashier at (708) 335-5570.

Sincerely,



Kenneth M. Parchem, C.P.A.  
Business Manager

KMP:lm

Per policy memo SP 28-2010 from the United States Department of Agriculture (USDA), in making eligibility determinations for school year 2010-2011, schools and institutions should utilize the current 2009-2010 IEGs to make such determinations until further notice. Such determinations shall be effective for the certification period set forth in the applicable program's regulations (e.g., for school programs, from the date of approval through the remainder of the current school year and up to 30 operating days of the following school year).

**FISCAL YEAR 2010 INCOME ELIGIBILITY GUIDELINES**

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2009, through June 30, 2010:

Household Size	Free Meals 130% Federal Poverty Guideline					Reduced-Price Meals 185% Federal Poverty Guideline					
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	14,079	1,174	587	542	271	1	20,036	1,670	835	771	386
2	18,941	1,579	790	729	365	2	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	3	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	4	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	5	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	6	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	7	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	8	68,469	5,706	2,853	2,634	1,317
For each additional family member, add	4,862	406	203	187	94	For each additional family member, add	6,919	577	289	267	134

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

LETTER TO HOUSEHOLDS

Dear Parent or Guardian:

Child(ren) need healthy meals/milk to learn. Homewood-Flossmoor High School, offers healthy meals/milk every school day. Breakfast costs N/A; Lunch costs varies; Milk costs N/A. Your child(ren) may qualify for free or reduced-price meals or free milk. Reduced-price is N/A for breakfast and 50¢ 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 not complete, so be sure to fill out all required information. Return the completed application to:

Name: Homewood-Flossmoor High School-Attn:Cashier

Address: 999 Kedzie Ave., Flossmoor, IL 60422

Telephone: (708) 335-5570

Your child(ren) may qualify for free or reduced-price meals if your household income falls within the Federal Income Guidelines.

**For school year 2010-2011 only, the United States Department of Agriculture has provided a waiver from the requirement to include the Federal Income Eligibility Guidelines for reduced price meals on this letter. All households are encouraged to apply for meal or milk benefits. (USDA Authority Section 125(1) of the NSLA)**

Here are answers to questions you may have about applying:

- 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 person listed above.
- 2. Who can get free meals/milk?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free meals/milk.
- 3. Can homeless, runaway, migrant or Head Start children get free meals?** Please call (or contact the school) to see if your child(ren) qualifies, if you have not been informed that they will receive free meals.
- 4. 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 (IEG).
- 5. My child receives SNAP or TANF benefits. The school provided me a letter that stated that my child is eligible for free meals via the Direct Certification Process. Do I need to do anything more to ensure that I receive free meals for my child?** No. You do not need to do anything more to receive the free meals. 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.
- 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 told you that your child is eligible for the new school year.
- 7. I get Women, Infants, and Children (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 an application.
- 8. Will the information I give be checked?** Yes. We may ask you to send written proof of the information you give.
- 9. If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year.
- 10. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to 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 a U.S. citizen 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). You must include yourself and all children who live with you.
- 13. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 14. We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 15. My spouse is deployed to a combat zone. Is her combat pay counted as income?** No. If the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
- 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,



Kenneth M. Parchem, C.P.A.  
Business Manager

## INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

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**If your household receives SNAP OR TANF, follow these instructions and return this form to your school.**

- 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.)
- 2: Skip
- 3: Skip
- 4: Skip
- 5: Sign the form (A social security number is not necessary.)
- 6: Contact information (Optional)
- 7: Children's racial and ethnic identities (Optional)
- 8: All Kids information (Optional)

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**If you are applying for a homeless, migrant, runaway, or Head Start child follow these instructions and return this form to your school.**

- 1: List all household members, school and grade for each student. (Attach another sheet of paper if necessary.)
- 2: Check the appropriate box

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**If you are applying for a FOSTER CHILD, follow these instructions and return this form to your school.**

- 1: Use a separate application for each foster child. List the foster child's name, school, and grade.
- 2: Skip
- 3: Check the box and list the child's personal use monthly income. If none, indicate \$0.00.
- 4: Skip
- 5: Sign the form (A social security number is not necessary)
- 6: Contact information (Optional)
- 7: Children's racial and ethnic identities (Optional)
- 8: All Kids information (Optional)

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**ALL OTHER HOUSEHOLDS, including Women, Infants, and Children (WIC) households, follow these instructions and return this form to your school.**

- 1: List all household members, school and grade for each student, and if the person has no income, check the no income box. (Attach another sheet of paper if necessary.)
- 2: Skip
- 3: Skip
- 4: Follow these instructions to report total household income.

In column A, list the first and last name of **each** person living in your household with income, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if necessary. **Column B-E lists the current gross income and how often it was received.** Next to each person's name list each type of income received and how often the money is received – weekly, every other week, twice a month or monthly. In column B, list the gross income each person earned from work, not your take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. In column C, list the amount each person received from welfare, child support, or alimony. In column D, list pensions, retirement, social security, and in column E list *All Other Income*, include workers compensation, unemployment, strike benefits, Supplement Security Income (SSI), Veterans Affairs (VA) benefits, disability, regular contributions from people who do not live in your household, and *Any Other Income*. Report net income for self-owned business, farm, or rental income. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

- 5: An adult household member must sign the form and list his or her social security number, or mark the box if s/he or she does not have one.
- 6: Contact information (Optional)
- 7: Children's racial and ethnic identities (Optional)
- 8: All Kids information (Optional)

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**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.

**Non-Discrimination Statement: this explains what to do if you believe you have been treated unfairly.** 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, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**1. All Household Members (Use a separate application for each foster child)**

Check if Error Prone Application

**NAMES OF ALL HOUSEHOLD MEMBERS**

First, Middle Initial, Last	School Name (for student only)	Grade (for student only)	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 5 if you list a SNAP or TANF case number (for each student)										Check if NO Income		

**2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)**

- Homeless     Runaway  
 Migrant     Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Date

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

Skip to 5

**4. 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. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**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

Address of Adult Household Member

**6. Contact Information (Optional)**

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

**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  
 White     American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**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:

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

Convert income only if different frequencies of pay are reported.

**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 \$ \_\_\_\_\_ Par:  Week  Every 2 Weeks  Twice a Month  Month  Year    NUMBER IN HOUSEHOLD: \_\_\_\_\_    CHANGE IN STATUS: \_\_\_\_\_    Date \_\_\_\_\_

Free based on:

- categorical eligibility  
 homeless  
 migrant  
 runaway  
 Head Start

Reduced based on:

- SNAP or TANF  
 foster child's income  
 household's income

Denied—Reason:

- foster child's income     income too high  
 household's income     incomplete application

Temporary:

- free     reduced    Until: \_\_\_\_\_    Until: \_\_\_\_\_  
 (maximum is 45 days each)

Signature of Determining Official

DATE WITHDRAWN: \_\_\_\_\_

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS.

**CONFIRMATION (Prior to verification and only for those applications selected for verification.)**

Signature of Confirming Official

Date

**VERIFICATION**

DATE VERIFICATION NOTICE SENT:	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT:
DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)	<input type="checkbox"/> Free based on SNAP/ <input type="checkbox"/> TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	<input type="checkbox"/> No Change <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> Free to Paid	<input type="checkbox"/> Income: _____ <input type="checkbox"/> Did not respond <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Other: <input type="checkbox"/> Change in SNAP/TANF	EFFECTIVE DATE OF STATUS CHANGE:
DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact Results	Verifying Official's Signature	Date:	