



Homewood-Flossmoor High School
999 Kedzie, Flossmoor · 708-799-3000 · hfhighschool.org



2023-2024 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. To qualify you must meet income eligibility guidelines and be able to document your income. If you meet the guidelines and want to apply for Free or Reduced Lunch, provide the documentation as described in the categories below, and submit it via email attachment at SNAPdetermination@hf233.org or you may mail or hand deliver your completed application and supporting documents to Homewood-Flossmoor Community High School, ATTN: Business Office, 800 Governors Highway, Flossmoor, IL 60422. ***Please note: we cannot approve an application that is incomplete.***

*Applications delivered in-person will not be reviewed while you wait. You will receive a written Approval / Denial notification as appropriate. Families qualifying for Free Lunch will automatically qualify for Waiver of eligible Fees for the approved year. (Please Note: **Fines are not eligible for waiver.**)*

Supporting documentation must come from one of the categories below:

LOW INCOME HOUSEHOLDS THAT DO NOT RECEIVE SNAP / TANF BENEFITS: If you do not receive SNAP / TANF benefits for your child, provide the information / document(s) listed below that will show current income for **all** adult members in the household. In addition, you must supply a transcript of your 2022 Federal Income Tax return for all household adults. (you may request this online at <https://www.irs.gov/individuals/get-transcript>). Current income is the amount of money your household received last month from all sources.

2023-2024 Household Eligibility Application, ***completed in full***, AND,

FOR ALL HOUSEHOLD ADULTS

EITHER

2022 Tax Return Transcript,

OR

2022 Wage and Income Transcript, ***dated after July 2023,***
(if you've filed for an extension, or do not file tax returns)

ALONG WITH

IRS Verification of Non-filing Letter for 2022

SNAP / TANF HOUSEHOLDS: If you receive benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) for your child, provide the current determination letter or certification notice showing that the household in which your student resides currently receives these benefits. The letter / notice must have the address within Homewood-Flossmoor High School district boundaries for which residency was proven. The letter must include the SNAP Section beyond page one, which includes household members participating in SNAP. ***Please do not provide the Medical Benefits pages. Receipt of Medical Benefits does not qualify for Free or Reduced Lunch.***

You may alternately provide the "Proof of Receipt of Program Benefits" (DHS Form 3711) for your student(s), obtainable from your local DHS Office. *This form must be signed and stamped with the Family Community Resource Center stamp by the DHS Office to be valid.*

If you meet this qualification, it is not necessary for you to complete the full application. Simply send the required document to SNAPdetermination@hf233.org.

FOSTER CHILDREN: A foster child may provide their "Placement Authorization Form" (DCFS 906).

If you meet this qualification, it is not necessary for you to complete the full application. Simply send the required document to SNAPdetermination@hf233.org.

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 as described on page 1, including payments from the State of Illinois.

You may receive a letter during the school year asking to re-verify your application. If there is no response to this letter, free or reduced lunch benefits will be removed and fees will be reinstated to those with a fee waiver.

If you have any questions, please call (708) 335-5547, or email SNAPdetermination@hf233.org.

Sincerely,

Lawrence Cook, Ed.D
Business Manager

LC:lc

☐ Check if Error Prone Application

Check if
Foster
Child*

[illegible]

2. Homeless (Categorically eligible)

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., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

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.

Signature of Adult Household Member

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, Zip Code)

☐ Native Hawaiian or Other Pacific Islander

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

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

- Date Withdrawn: _____

Date: _____



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: January 07, 2021
Case Number:
Client Name:
Individual ID:
Office Name: SOUTH SUBURBAN FCRC
Office Address: 3301 WIRETON RD
BLUE ISLAND, IL 60406
Phone: 708-293-4700
TTY:
Fax: 844-736-3563



} Student's
address
of record

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning February 01, 2021, your benefits will change as follows:

Your eligibility for **Medical Benefits** is not changed by this action.

Your application for **Supplemental Nutrition Assistance Program (SNAP)** benefits filed on Jan 02, 2021 is **approved**. For information about who is approved and the amount of SNAP benefits you will get, read the SNAP Benefits section of this notice.

How To Use Your Benefits

Cash and SNAP Benefits are available on the Illinois Link Card. Unless you received a card at the office where you applied one will be mailed to you. To choose your PIN or request a replacement card contact the Illinois LINK Help Line at 1-800-678-LINK (5465) TTY 1-877-765-3459 or go to the Illinois LINK card website at www.link.illinois.gov

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.



must include 08/2023 or later

SNAP Benefits

The person(s) listed below have been **approved** for SNAP benefits. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment. We will send a notice to let you know when it's time to renew your benefits.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Jan 02, 2021 - Jan 31, 2021	\$153.00	
Feb 01, 2021 - Dec 31, 2021	\$159.00	

Your SNAP benefit of \$153.00 will be available in your Illinois LINK account on or about 01/08/21 to cover your needs from 01/02/21 through 01/31/21. Your regular monthly SNAP benefit of \$159.00 will be available on or about 02/03/21.

The person(s) listed below are not eligible for SNAP benefits.

Name	Birth Date	Benefit Month(s) Not Eligible	Reason	Policy Reference
	2002	No eligible benefit dates	You do not meet any of the special student eligibility requirements.	PM 03-04

SNAP Income Eligibility Determination		Jan 02, 2021	Feb 01, 2021
Total Gross Earned Income		\$1827.00	\$1827.00
Total Unearned Income	+	\$0.00	\$0.00
Self Employment Income	+	\$0.00	\$0.00
Child Support Deduction	-	\$0.00	\$0.00
Gross Monthly Income	=	\$1827.00	\$1827.00
SNAP Income Eligibility Determination		Jan 02, 2021	Feb 01, 2021
Gross Monthly Income Standard For Household Size of 2		\$2371.00	\$2371.00





Date: Jun 22, 2021

Case Number:

Case Name:

Address:

City, ST., ZIP:

} Student's address of record

The following persons are currently receiving certain (means-tested) benefits administered by the Illinois Department of Human Services. Receipt of a (means-tested) benefit is indicated with a (Yes) or (No) for each person listed and shown with the program type, the current benefit receipt month, the date benefits were approved, and the date benefits will end or must be renewed.

[illegible]

M. Mendez

IDHS Employee (Printed Name)

South Suburbs

Name of FCRC

3301 Wireton Rd

Address

Blue Island I.

City, ST., ZIP

1DHS Employee (Signature)

IDHS Employee (Signature)

Date _____

Illinois Department of Human Services
South Suburban FCRC
3301 Wireton Road
Blue Island, IL 60406

local office stamp must be present

Hello, [REDACTED]. You are logged in.

Case Summary**Benefit Details****Contact
Information****Account
Management****Your Contact Information**

This page lets you know how to get in touch with someone about your case.
If you have technical difficulties using this website, please click [here](#).

Your Mailing Address and Phone Number

This is the mailing address and phone number we have on file for you. If we have the wrong information, report a change in address or phone.

[REDACTED]
60411-1010

Cook

Phone: [REDACTED]

Email: [REDACTED]

Student's address
& record

Your DHS or HFS local office

South Suburban FCRC
3301 WIRETON RO
BLUE ISLAND, IL
60406-2442
Phone: 7082934700
Fax: 7082934770

Send an email to your office.

Your Case Number and Individual ID

Your Case Number is: [REDACTED]

Your Individual ID is: [REDACTED]

[Back To Manage My Case](#)



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[Contact Us](#) [Satisfaction Survey](#)

Hello, [REDACTED] you are logged in.

Case Summary**Benefit Details****Contact
Information****Account
Management****What is the status of my Supplemental Nutrition Assistance Program (SNAP) benefits?**

Here is a summary of the benefits you have requested or are receiving. If "Click Here For Details" appears, you can click on this link to view more details about your Supplemental Nutrition Assistance Program (SNAP) benefits. If you recently applied for benefits, the status of your application is shown. This information is current as of June 23, 2021 01:37 AM.

Who	Which Benefit?	Description	Summary
 	Supplemental Nutrition Assistance Program	The Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) helps low-income people and families buy the food they need for good health.	Click Here for Details

Other Benefits

Click on an icon below to see a summary of other benefits you have requested or are receiving



Healthcare Coverage Program

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[Contact Us](#) [Satisfaction Survey](#)

Hello, [REDACTED]. You are logged in.

[Case Summary](#)[Benefit Details](#)[Contact Information](#)[Account Management](#)

Supplemental Nutrition Assistance Program (SNAP) Details

This page tells you more about your SNAP benefits. If you would like to look at the information about other benefits click the Back button at the bottom of the page and click the program you would like to view.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

You are NOT currently eligible for using your SNAP benefits through the Restaurant Meals Program. To learn more about this program, please visit Restaurant Meals Program.

We are showing you benefits information for August 2021.

We also have information to show you for other months:

- View your benefits from May 2021
- View your benefits from June 2021
- View your benefits for July 2021

You will need to submit your redetermination by May 31, 2022.

Supplemental Nutrition Assistance Program



You are receiving Supplemental Nutrition Assistance Program in August 2021.

Your current approval period started on Thursday, December 1, 2016, and is scheduled to continue through Tuesday, May 31, 2022.

In August 2021, your total monthly benefit amount is \$32.00.

Your monthly SNAP benefits will be put on your Link Card on or about the 4th of each month.

Manage your Link account

View your approval notice to see how your benefits were determined

View your notices for more information about what was requested

[Back to Summary](#)

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The State of Illinois

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[Contact Us](#) [Satisfaction Survey](#)

Date range must include 8/2023 or later



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: June 02, 2021
Case Number:
Client Name:
Individual ID:
Office Name: SOUTH SUBURBAN FCRC
Office Address: 3301 WIRETON RD
BLUE ISLAND, IL 60406
Phone: 708-293-4700
TTY:
Fax: 844-736-3563



Student's
address
of record

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning July 01, 2021, your benefits will change as follows:

Your eligibility for **Cash Benefits** is not changed by this action.

Your eligibility for **Medical Benefits** is not changed by this action.

How To Use Your Benefits

Once you stop using the cash or SNAP benefits in your Illinois Link account for a period of 365 days, those benefits will be deleted from your account and will no longer be available to you.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.



TANF Cash Benefits

Your Cash benefit amount for the person(s) listed below will change as follows. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Jul 01, 2021 - Jun 30, 2022	\$323.00	

It is illegal to use your Illinois LINK card to get or use TANF Cash in any liquor store, casino, gambling casino, gaming place, or any retail place which provides adult entertainment in which performers undress for entertainment.

date range must include
8/2023 or later

TANF
SAMPLE





Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 09-08-2021
Response Date: 09-08-2021
Tracking Number: [REDACTED]

Tax Return Transcript

SSN Provided: XXX-XX-XXXX
Tax Period Ending: Dec. 31, 2020

← 2022

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: [REDACTED]

SSN: XXX-XX-XXXX
SPOUSE SSN: [REDACTED]

ADDRESS: [REDACTED]

FILING STATUS:

FORM NUMBER:
CYCLE POSTED:
RECEIVED DATE:
REMITTANCE:
EXEMPTION NUMBER:
DEPENDENT 1 NAME CTRL:
DEPENDENT 1 SSN:
DEPENDENT 2 NAME CTRL:
DEPENDENT 2 SSN:
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PTIN:
PREPARER EIN:

Head of Household

1040
20213205
Apr. 15, 2021
\$0.00
3

XXX-XX-XXXX

XXX-XX-XXXX

= Household Size *

Income

WAGES, SALARIES, TIPS, ETC.: \$9,247.00
TAXABLE INTEREST INCOME: SCH B: \$25.00
TAX-EXEMPT INTEREST: \$0.00
ORDINARY DIVIDEND INCOME: SCH B: \$45.00
QUALIFIED DIVIDENDS: \$45.00
REFUNDS OF STATE/LOCAL TAXES: \$0.00
ALIMONY RECEIVED: \$0.00
BUSINESS INCOME OR LOSS (Schedule C): \$0.00
BUSINESS INCOME OR LOSS: SCH D PER COMPUTER: \$0.00
CAPITAL GAIN OR LOSS: (Schedule E) \$-21.00
CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$-21.00
OTHER GAINS OR LOSSES (Form 4797): \$0.00
TOTAL IRA DISTRIBUTION: \$0.00
TAXABLE IRA DISTRIBUTIONS: \$0.00
TOTAL PENSIONS AND ANNUITIES: \$0.00
TAXABLE PENSION/ANNUITY AMOUNT: \$0.00
ADDITIONAL INCOME: \$0.00
ADDITIONAL INCOME PER COMPUTER: \$0.00
REFUNDABLE CREDITS PER COMPUTER: \$6,932.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER: \$0.00
QUALIFIED BUSINESS INCOME DEDUCTION: \$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$0.00
RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00
RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00
ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00
PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00
FARM INCOME OR LOSS (Schedule F): \$0.00
FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00
UNEMPLOYMENT COMPENSATION: \$0.00
TOTAL SOCIAL SECURITY BENEFITS: \$15,386.00
TAXABLE SOCIAL SECURITY BENEFITS: \$0.00
TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$0.00
OTHER INCOME: \$0.00
SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00
SCHEDULE EIC EARNED INCOME PER COMPUTER: \$15,711.00
SCH EIC DISQUALIFIED INC COMPUTER: \$70.00
QUALIFIED BUSINESS INCOME DEDUCTION: \$0.00
F8995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER: \$0.00
PRIMARY ECONOMIC IMPACT PAYMENT: \$2,200.00
SECONDARY ECONOMIC IMPACT PAYMENT: \$0.00

* Multiple adults filing separately at the same address will have their household numbers and incomes added together

SCHOLARSHIP FELLOWSHIP GRANT:.....\$0.00
TOTAL INCOME:.....\$9,296.00
TOTAL INCOME PER COMPUTER:.....\$9,296.00

Adjustments to Income

EDUCATOR EXPENSES:.....\$0.00
EDUCATOR EXPENSES PER COMPUTER:.....\$0.00
RESERVIST AND OTHER BUSINESS EXPENSE:.....\$0.00
HEALTH SAVINGS ACCT DEDUCTION:.....\$0.00
HEALTH SAVINGS ACCT DEDUCTION PER COMPTR:.....\$0.00
MOVING EXPENSES: F3903:.....\$0.00
SELF EMPLOYMENT TAX DEDUCTION:.....\$0.00
SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:.....\$0.00
SELF EMPLOYMENT TAX DEDUCTION VERIFIED:.....\$0.00
KEOGH/SEP CONTRIBUTION DEDUCTION:.....\$0.00
SELF-EMP HEALTH INS DEDUCTION:.....\$0.00
EARLY WITHDRAWAL OF SAVINGS PENALTY:.....\$0.00
ALIMONY PAID SSN:.....\$0.00
ALIMONY PAID:.....\$0.00
SCHOLARSHIP FELLOWSHIP EXCLUDED:.....\$0.00
IRA DEDUCTION:.....\$0.00
IRA DEDUCTION PER COMPUTER:.....\$0.00
STUDENT LOAN INTEREST DEDUCTION:.....\$0.00
STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:.....\$0.00
STUDENT LOAN INTEREST DEDUCTION VERIFIED:.....\$0.00
TUITION AND FEES DEDUCTION:.....\$0.00
TUITION AND FEES DEDUCTION PER COMPUTER:.....\$0.00
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:.....\$0.00
OTHER ADJUSTMENTS:.....\$0.00
ARCHER MSA DEDUCTION:.....\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:.....\$0.00
TOTAL ADJUSTMENTS:.....\$0.00
TOTAL ADJUSTMENTS PER COMPUTER:.....\$0.00
ADJUSTED GROSS INCOME:.....\$9,296.00
ADJUSTED GROSS INCOME PER COMPUTER:.....\$9,296.00

Tax and Credits

65-OR-OVER:.....NO
BLIND:.....NO
SPOUSE 65-OR-OVER:.....NO
SPOUSE BLIND:.....NO
STANDARD DEDUCTION PER COMPUTER:.....\$18,650.00
ADDITIONAL STANDARD DEDUCTION PER COMPUTER:.....\$0.00
TAX TABLE INCOME PER COMPUTER:.....\$0.00
EXEMPTION AMOUNT PER COMPUTER:.....\$0.00
TAXABLE INCOME:.....\$0.00
TAXABLE INCOME PER COMPUTER:.....\$0.00
TOTAL POSITIVE INCOME PER COMPUTER:.....\$9,556.00
TENTATIVE TAX:.....\$0.00
TENTATIVE TAX PER COMPUTER:.....\$0.00
FORM 8814 ADDITIONAL TAX AMOUNT:.....\$0.00
TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER:.....\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX:.....\$0.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER:.....\$0.00
FOREIGN TAX CREDIT:.....\$0.00
FOREIGN TAX CREDIT PER COMPUTER:.....\$0.00
FOREIGN INCOME EXCLUSION PER COMPUTER:.....\$0.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER:.....\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT:.....\$0.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT:.....\$0.00
CHILD & DEPENDENT CARE CREDIT:.....\$0.00
CHILD & DEPENDENT CARE CREDIT PER COMPUTER:.....\$0.00
CREDIT FOR ELDERLY AND DISABLED:.....\$0.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER:.....\$0.00
EDUCATION CREDIT:.....\$0.00
EDUCATION CREDIT PER COMPUTER:.....\$0.00
GROSS EDUCATION CREDIT PER COMPUTER:.....\$0.00
RETIREMENT SAVINGS CONTRB CREDIT:.....\$0.00
RETIREMENT SAVINGS CONTRB CREDIT PER COMPUTER:.....\$0.00
PRIM RET SAV CONTRB: F8880 LN6A:.....\$0.00
SEC RET SAV CONTRB: F8880 LN6B:.....\$0.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR:.....\$0.00
RESIDENTIAL ENERGY CREDIT:.....\$0.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER:.....\$0.00
CHILD AND OTHER DEPENDENT CREDIT:.....\$0.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER:.....\$0.00
ADOPTION CREDIT: F839:.....\$0.00
ADOPTION CREDIT PER COMPUTER:.....\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT:.....\$0.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER:.....\$0.00
F3800, F8801 AND OTHER CREDIT AMOUNT:.....\$0.00
FORM 3800 GENERAL BUSINESS CREDITS:.....\$0.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER:.....\$0.00
PRIOR YR MIN TAX CREDIT: F8801:.....\$0.00
PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER:.....\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00
F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT:.....\$0.00
F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER:.....\$0.00

Income used for income-base applications