

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 <u>must</u> 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 <u>SNAPdetermination@hf233.org</u> 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 <u>not</u> 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 <u>eligible</u> Fees for the approved year. (Please Note: **Fines are <u>not</u> 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 <u>all</u> adult members in the household. In addition, you must supply <u>a transcript of your 2022 Federal Income Tax return for all household adults</u>. (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 <u>SNAPdetermination@hf233.org</u>.

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, <u>including</u> 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

APPLICATION FOR FREE MILK/MEAL AND RE	DUCED-PI	RICE ME	ALSComplete (One Applica	ation Per Ho	usehold Per S	School (District.	Instruct	ions or	back.	T	S	CHOOL U	SE ONLY
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NAMES OF ALL HOUSEHOLD MEMBE First, Middle Initial, Last	ERS	(for Student only) School Name			(for Student only) Grade 4 if you list a SNAP of TANF must be provided.			SNAP or e providentified for	NF CASE NUMBER P or TANF case number. vided below. If you receive d for free meals, you MU: d income			er. At least one SNAP/ Bive Medicaid and were		Checi	
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2. Homeless			Categorio	cally el	igible)				Alos	iter Critic	is the f	egarres	sporision	illy of a well	are agency or
3. Total Household Gross Incom	ne (befo	re de	ductions) Yo	ou mus	t tell us	how mu	ch ar	ıd ho	w oft	en.					
NAMES	GROSS	INCOME	AND HOW OFTER	N IT WAS I	RECEIVED (Example: \$10)/month	; \$100 //	wice a r	month;	\$100/ev	ery othe	er week;	\$100/week)
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An adult household member must sign signing the form must also list the last for mark the I do not have a social security I certify (promise) all information on this app officials may verify (check) the informati	number l lication is t	oox. rue and i	all income is rep	orted. I un	nderstandti	he school w	ill get F		lfunds	based			nation		nderstand so
		Printed i	Name of Adult	Househo	old Membe	er		Sig	nature	e of A	dult H	ouseh	old M	ember	
5. Contact Information (Optiona	ıl)														
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6. Children's Racial and Ethnic	ldentiti	es (Op	tional)												
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State of Illinois

Department of Human Services

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Department of Healthcare and Family Services

Date of Notice:

January 07, 2021

Case Number:

Client Name: Individual ID:

Office Name: Office Address: SOUTH SUBURBAN FCRC

3301 WIRETON RD

BLUE ISLAND, IL 60406

Phone:

708-293-4700

TTY:

Fax:

844-736-3563

7. Skudent's y 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 <u>abe.illinois.gov</u> o llame al

1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning February 01, 2021, your benefits will manye 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 on this notice.

How To Use Your Benefits

Cash and SNAP Benefits are available on the Illinois Link Car L 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.ii.k illinois gov

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

This notice contains important info mation. 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.



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	\$1 53.00	
Feb 01, 2021 - Dec 31, 2021	<mark>\$1</mark> 59.00	, , ,

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 mobile SN/IP 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	Ab 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	\$1627.00
SNAP Income Eligibility Determination		Jan 02, 2021	Feb 01, 2021
Gross Monthly Income Standard For Household Size of 2		\$2371.00	\$2371.00

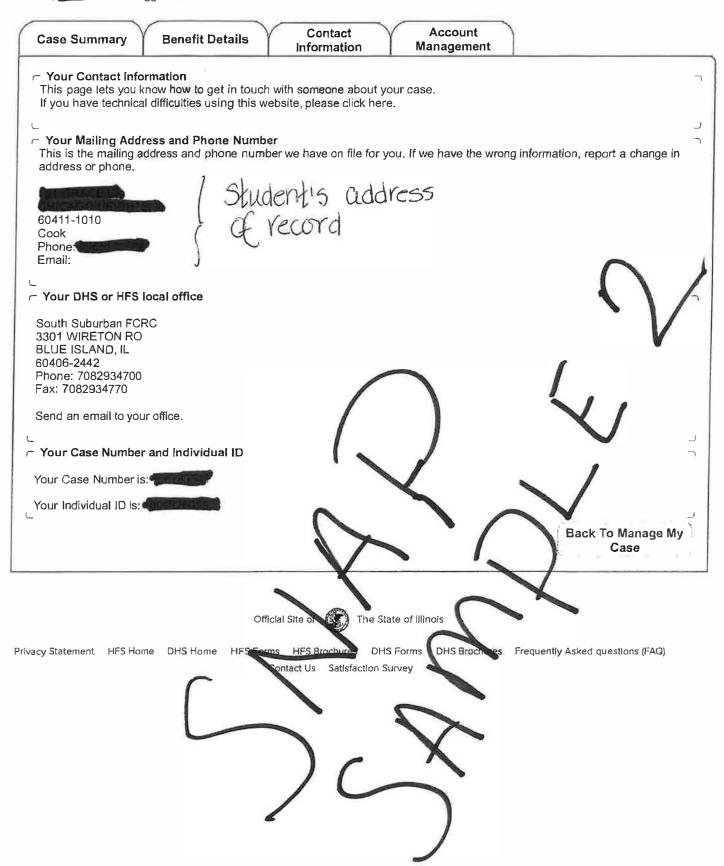


PROOF OF RECEIPT OF PROGRAM BENEFITS

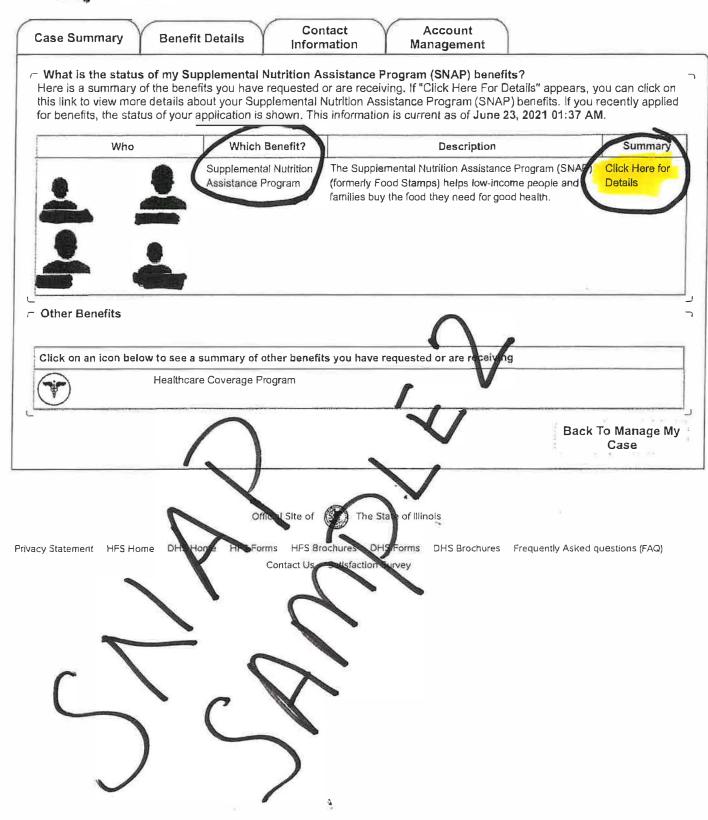
Date: Jun 22, 2021							
Case Number:	<u> </u>						
Case Name: Address: City, ST., ZIP:			_ } Sku	dents a	ddress	of rec	ord
City, ST., ZIP:	* ****	_	_)				
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The following per Department of Hu each person liste were approved, a	uman Services. d and shown wi	Receipt of a (ith the progran	means-tested) b	enefit is indica nt benefit rece	ited with a ((Yes) or (No) for
	TY	PE OF BENE	FITS RECEIVIN	1G			DATE
NAME OF PERSON RECEIVING BENEFITS	Medicaid Only Does not qualify	Supplemental Nutrition Assistance Program (SNAP)	Temporary Assistance to Needy Families (TANF-Cash/ Medical)	Aid to the Aged, Blind, and Disabled (AABD-Cash/ Medical)	CURRENT BENEFIT RECEIPT MONTH	DATE BENEFIT APPROVED	BENEFIT ENDS OR MUST BE RENEWED
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IDHS Employee (Printed I) Name of FCRC	ductos		e Island		Department of South Subur 3301 Wiret Blue Island	ton Road	vices
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IL444-3711 (N-03-19) Proof of Receipt of Program Benefits
Printed by the Authority of the State of Illinois -0- copies

Page 1 of 1



Hello, You are logged in.



Hello, You are logged in.

Case Summary

Benefit Details

Contact Information

Account Management

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.

You are receiving Supplemental Nutrition Assistance Program in August 2021.

Your surrent approval period started on Thursday December 1, 2016, and is scheduled to continue hrough 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

Official Site of

The State of Illinois

Privacy Statement HSS Home DHS Home HFS Forms HFS Brochures DHS Forms DHS Brochures Frequently Asked questions (FAQ)

Contact Is 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:
Office Address:

SOUTH SUBURBAN FCRC

3301 WIRETON RD BLUE ISLAND, IL 60406

Phone:

708-293-4700

TTY:

Fax:

844-736-3563

Skudent 5 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 <u>abe.illinols.gov</u> o llame al 1-800-843-6154 (TTY 1-866-324-5553)

1-800-843-0134 (111 1-800-324-33

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 on the through ABE (www.ane.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 1-866-24-5553) for help. Please stay on the line while you are connected with an interpretable.



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



TANF Cash Benefits

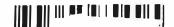
Your Cash benefit amount for the person(s) listed below will change as follows. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment.

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





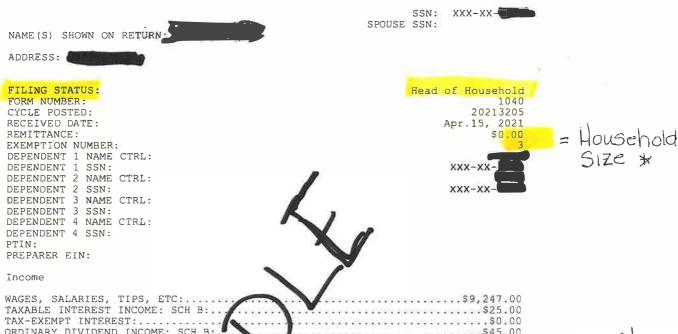
This Product Contains Sensitive Taxpayer Data

Request Date: 09-08-2021 Response Date: 09-08-2021 Tracking Number:

Tax Return Transcript

Tax Period Ending: Dec. 31, 2020 \leftarrow 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.



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

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