



**ADMINISTRATION BUILDING**

701 West Gregory Street - Mount Prospect, Illinois 60056  
 P (847) 394-7300 | F (847) 394-7311 | www.d57.org

July, 2018

Dear Parent/Guardian:

Your children may qualify for free meals offered at all schools, for reduced price meals offered at Lincoln Middle School (\$0.40 for lunch), or for free milk offered at Fairview, Lions Park, and Westbrook Schools. To apply for free or reduced-price meals, use the Household Eligibility Application, which is attached. We cannot approve an application that is not complete, so be sure to fill out all required information. If you do not qualify for free milk and/or meals, the current prices are: milk \$0.50; lunch \$2.95 (Lincoln Middle School). Return the completed application to the school office. If you have questions, call the business office at (847) 394-7300 extension 1005.

Your children may qualify for free milk and/or meals if your household income falls at or below the limits on following chart.

Federal Income Eligibility Guidelines (Effective from July 1, 2018, to June 30, 2019)					
Household Size	Free (130% Federal Poverty Guideline)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,782	1,316	658	607	304
2	21,398	1,784	892	823	412
3	27,014	2,252	1,126	1,039	520
4	32,630	2,720	1,360	1,255	628
5	38,246	3,188	1,594	1,471	736
6	43,862	3,656	1,828	1,687	844
7	49,478	4,124	2,062	1,903	952
8	55,094	4,592	2,296	2,119	1,060
For each additional family member, add	5,616	468	234	216	108

Your children may qualify for reduced price meals at Lincoln Middle School if your household income falls at or below the limits on following chart.

Federal Income Eligibility Guidelines (Effective from July 1, 2018, to June 30, 2019)					
Household Size	Reduced-Price (185% Federal Poverty Guideline)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add	7,992	666	333	308	154

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), Temporary Assistance for Needy Families (TANF) and/or are 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 children 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 at Lincoln Middle School if your household income is within the reduced price limits on the Federal Eligibility Income 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? Completely fill out the information requested in the notification letter and return to the school office. You may also contact the school office to begin meal benefits.
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 staying 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.
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 attached application.
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 and 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 also may ask for a hearing by writing to Dr. Elaine Aumiller, Superintendent, 701 W. Gregory Street, Mount Prospect, Illinois 60056 or calling (847) 394-7300.
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 \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. 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. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeros. 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,



Adam Parisi  
Assistant Superintendent for Finance and Operations

Attachment (Household Eligibility Application)

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application per Household Per School District. Instructions on back.

**SCHOOL USE ONLY**  
 Check if Error Prone Application

**1. All Household Members (Attach another sheet of paper if necessary.)**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.										Check if Foster Child*		
			-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

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

\* A foster child is the legal responsibility of a welfare agency or court.

Homeless  Migrant  Runaway  Head Start

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

**3. 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.	\$		\$		\$		\$	

**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 I do not have a social security number box.

X X X - X X - \_\_\_\_\_  
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 \_\_\_\_\_

**5. Contact Information (Optional)**

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

**6. 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

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

Not I DO NOT want information from my Household Eligibility Application shared with All Kids.

Sign here: \_\_\_\_\_

**THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY**

**INITIAL DETERMINATION**

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

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.

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

Free based on:  
 homeless  migrant  runaway  Head Start  
 SNAP or TANF  household's income  
 Reduced based on:  
 household's income  
 Denied—Reason:  
 income too high  incomplete application  Non-qualifying SNAP/TANF

Signature of Determining Official: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

**THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN ILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS**

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

Signature of Confirming Official: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION**

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