

Important Notice

Free and Reduced LUNCH APPLICATIONS

Please to not date this application before 7/20/10

Staff will be available to help you with your application if you need it. Some acceptable forms of paperwork you could bring along to help us aid you in filling out your application include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

Sterling Community Unit School District #5

Dear Parent/Guardian:

Children need healthy meals to learn. Unit 5 offers healthy meals every school day. Breakfast costs \$1.25, Gr.K-5, \$1.50, Gr. 6-12; lunch costs, \$1.70, Gr. K-5, \$1.75, Gr. 6-12. Your children may qualify for free meals or for reduced-price meals. Reduced-price is \$.30 for breakfast and \$.40 for lunch. To apply for free or reduced-price meals; use the Household Eligibility Application, found online. We cannot approve an application that is not complete, so be sure to fill out all required information and bring it to registration. Your children 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. **Bring the completed application to registration.**

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 the 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: Timothy Schwingle, 410 E LeFevre Rd., Sterling, IL, 815-626-5050.

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.

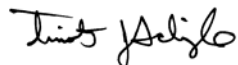
14. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

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) 447-8408 (TTY).

If you have other questions or need help, call **815-626-5050**.

Sincerely,



Timothy J. Schwingle
Assistant to the Superintendent

LHH (6/10)

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		
			-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

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

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

Migrant Head Start

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 5
List the amount of the child's personal-use monthly income. If none, indicate \$0.00 \$ _____

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 Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native

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 \$ _____ Per: 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 SNAP or TANF foster child's income household's income

Reduced based on: foster child's income household's income Denied—Reason: income too high 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/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"/> Free 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) Mail Telephone Personal Contact Results _____ Verifying Official's Signature: _____ Date: _____

INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

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.

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children get free or reduced price school meals, they also may be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, you may call Timothy Schwingle at 815-626-5050