

ASHTON-FRANKLIN CENTER C.U.S.D. #275

Illinois Free Lunch and Breakfast Program

Dear Parent or Guardian:

The school serves free meals each school day. Meals are available free for children who qualify for the following reasons:

- If you now receive food stamps or TANF for your child(ren), your child(ren) can receive free meals. If you received a letter with an eligibility certificate for school meals, return the eligibility certificate to the school your child attends. You do not have to complete this application to receive meal benefits.
- If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can receive free meals.
- A foster child may receive free meals regardless of your income.
- Homeless, migrant, and runaway youth are categorically eligible for free meals; check the appropriate box and return to the school.

If a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, this school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us for further information. Women, Infants, and Children (WIC) participants may be eligible for free/reduced-price meals and are encouraged to complete an application for meal benefits.

TO RECEIVE FREE MEALS FOR YOUR CHILD(REN), YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.

INCOME GUIDELINES

Effective from July 1, 2006, to June 30, 2007

Household Size	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$1,062	\$531	\$490	\$245
2	1,430	715	660	330
3	1,799	900	830	415
4	2,167	1,084	1,000	500
5	2,535	1,268	1,170	585
6	2,904	1,452	1,340	670
7	3,272	1,636	1,510	755
8	3,640	1,820	1,680	840
Each Additional Family Member	+369	+185	+170	+85

HOW TO APPLY:

- If you now receive food stamps or TANF for the child(ren) you are applying for, the application must have the child(ren)'s names, a food stamp or TANF case number (LINK card number cannot be used) for each child(ren), and the signature of an adult household member.
- If you are applying for a foster child, the application must have the child's name, the child's personal use income, and an adult signature.
- If you do not list a food stamp or TANF case number for the child(ren) you are applying for, then the application must have the child(ren)'s names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member, and that adult's social security number or indicate if the adult does not have a social security number.

OTHER INFORMATION:

- FAIR HEARING: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Title MR. JOHN W ZICK

Phone 815-453-7461

Address 611 WESTERN AVE, ASHTON, IL 61006

- Complete one application per household for all children who attend the same school district.

- CONFIDENTIALITY: School officials use the information on the application to decide if your child(ren) should receive free meal services and may disclose this information to other programs. In addition, the application information may be shared with All Kids\* if the parent or legal guardian does not decline and sign on the application. If a school wishes to share the application information for other services, they are required to obtain parental or legal guardian permission. This may be accomplished by asking the parent or legal guardian to complete *Sharing Information With Other Programs*. This form will identify each program(s) that school officials may share the application information and social security number with.
- REAPPLICATION: You may apply for free meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, a household member becomes unemployed, or receive food stamps or TANF for your child(ren), complete an application then.
- RACIAL/ETHNIC IDENTITY, CONTACT INFORMATION, AND ALL KIDS: You are not required to complete these sections to receive free or reduced-price meals. A parent or legal guardian must mark the box and sign **if you elect not** to allow school officials to share the application information with All Kids.

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, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

We will let you know when your application is approved or denied.

Sincerely,

ILMC (4/06)

\* State of Illinois healthcare insurance for All Kids (Illinois KidCare is part of All Kids)

**INSTRUCTIONS FOR APPLYING**  
Complete One Application Per Household

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

**Part 1:** List child(ren)'s name, school, grade, and a food stamp or TANF case number. (Attach another sheet of paper if necessary.)

**Part 2:** Skip this part

**Part 3:** Skip this part

**Part 4:** Skip this part

**Part 5:** Sign the form (A social security number is not necessary.)

**Part 6:** Contact information (Optional)

**Part 7:** Children's racial and ethnic identities (Optional)

**Part 8:** All Kids information—Illinois KidCare part of All Kids (Optional)

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

**Part 1:** List child(ren)'s name, school, grade (Attach another sheet of paper if necessary.)

**Part 2:** Check the appropriate box

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

**Part 1:** Use a separate application for each foster child. List the child's name, school, and grade.

**Part 2:** Skip this part

**Part 3:** Check the box and list the child's personal use monthly income (If any)

**Part 4:** Skip this part

**Part 5:** Sign the form (A social security number is not necessary)

**Part 6:** Contact information (Optional)

**Part 7:** Children's racial and ethnic identities (Optional)

**Part 8:** All Kids information—Illinois KidCare part of All Kids (Optional)

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

**Part 1:** List each child's name, school, and grade (Attach another sheet of paper if necessary.)

**Part 2:** Skip this part

**Part 3:** Skip this part

**Part 4:** Follow these instructions to report total household income.

**Column 1—Name:** list the first and last name of each person living in your household, 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 2—Current gross income and how often it was received.** Next to each person's name list each type of income received. In column 1, list the gross income each person earned from work. This is not the same as 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 2, list the amount each person received from welfare, child support, or alimony. In column 3, list pensions, retirement, social security, and in column 4 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*. **Next to the amount, write how often the person received it (weekly, every other week, twice a month, or monthly).** 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.

**Column 3—Check if no income:** If the person does not have any income, check the box.

**Part 5:** An adult household member must sign the form and list his or her social security number, or mark the box if he or she does not have one.

**Part 6:** Contact information (Optional)

**Part 7:** Children's racial and ethnic identities (Optional)

**Part 8:** All Kids information—Illinois KidCare part of All Kids (Optional)

<b>EARNINGS FROM WORK</b>	<b>INCOME TO REPORT</b>	<b>WELFARE/CHILD SUPPORT/ALIMONY</b>
Wages/salaries/tips	<b>PENSIONS/RETIREMENT/SOCIAL SECURITY</b>	Public assistance payments
Strike benefits	Pensions	Welfare payments
Unemployment compensation	Supplemental security income	Alimony/child support payments
Worker's compensation	Retirement income	
Net income from self-owned business or farm	Veteran's payments	
	Social security	
<b>OTHER INCOME</b>		
Disability benefits	Income from estates/trusts/investments	
Cash withdrawn from savings	Regular contributions from persons not living in the household	
Interest/dividends	Net royalties/annuities/net rental income	
	Any other income	

**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, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

**APPLICATION FOR ILLINOIS FREE LUNCH AND BREAKFAST**  
Complete One Application Per Household

**Part 1. Children in School (Use a separate application for each foster child)**

NAMES OF ALL CHILDREN IN SCHOOL (First, Middle Initial, Last)	(School Name)	(Grade)	FOOD STAMP OR TANF CASE# (if any, per child) Skip to Part 5 if you list a food stamp or TANF case #

**Part 2. Homeless, Migrant, or a Runaway**

(Signature of Your School Homeless Liaison or Migrant Coordinator) \_\_\_\_\_ (Date) \_\_\_\_\_

Homeless  Migrant  Runaway

**Part 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 Part 5  
List the amount of the child's personal use monthly income: \_\_\_\_\_ \$ \_\_\_\_\_

**Part 4. Total Household Gross Income (before deductions) You must tell us how much and how often.**

1. NAMES (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/evary other week; \$100/week)				3. Check if NO Income				
	Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony			Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All Other Income)	
A.	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	<input type="checkbox"/>
B.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
C.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
D.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>
E.	\$ /		\$ /		\$ /		\$ /		<input type="checkbox"/>

**Part 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

**Part 6. Contact Information (Optional)**

Work Telephone Number (include area code) \_\_\_\_\_ Home Telephone Number (include area code) \_\_\_\_\_ Home Address (number, street, city, zip code) \_\_\_\_\_

**Part 7. Children's Racial and Ethnic Identities (Optional)**

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian  Black or African American  
 White  American Indian or Alaska Native

- Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

**Part 8. 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: \_\_\_\_\_

**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 Food Stamp Program, 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.

**SCHOOL USE ONLY—Check conversion method used. (LEA must use same conversion on all applications in district.)**

**INITIAL DETERMINATION**  Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 OR  Monthly Income Conversion Weekly X 4.33 Every 2 Weeks X 2.15 Twice a Month X 2

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

Free based on:

- homeless  food stamp or TANF  
 migrant  foster child's income  
 runaway  household's income

Denied—Reason:

- income too high  
 incomplete application

Temporary:

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

DATE WITH-DRAWN: \_\_\_\_\_

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

\_\_\_\_\_ Date