

McHenry Community High School District 156

Student Fee Waiver Application

2023-2024



*Students that are **Directly Certified** by the State of Illinois for Free meals due to SNAP, TANF, Free Medicaid or Foster will automatically have their applicable fees waived and do not need to fill out this Fee Waiver.

Please note, meal waivers are separate applications and can be found by going to: www.dist156.org

Hard copies are also available at both campuses and at the district office.

Directions

Fee Waiver applications need to be filled out **every school year** and must include proof of all household income. See page 2 for information on eligible documentation that must be provided along with your application. Any application received without proper documentation enclosed will be denied. The Fee Waiver application can be found on pages 3 and 4. When you have completed the application, please return the form and required documentation to your child(ren)'s campus:

Freshman Campus
1012 N Green St
McHenry, IL 60050
815-385-1145

Upper Campus
4724 W Crystal Lake Rd
McHenry, IL 60050
815-385-7077

Verification

Your eligibility may be checked by school officials at any time during the school year. You may be asked to send additional information to prove that your child(ren) should receive a waiver of the specified school fees. You will be notified by mail with a Determination Letter regarding application results. Please allow 30 days from the day the waiver is received for processing. **Note:** If applications are incomplete, processing will take longer.

Confidentiality

The information you give on the application will only be used to allow your child(ren) to receive a fee waiver and to verify eligibility. This information may also be used to determine if your child(ren) may be eligible for other program services.

Applying or Reapplying

You can apply or reapply at 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, become unemployed, or receive SNAP / TANF for your children(s) you can fill out an application at that time.

Appeal

If you do not agree with the district's decision or results of verification, you may file an appeal within 30 days of the decision date. You need to complete the appeal section of your Determination Letter and return it with the reason explaining your appeal. Return it to:

MCHS #156 / District Office
4716 W. Crystal Lake Rd.
McHenry, IL 60050
(815) 385-7900

Required Documentation

Directions

There are two options for providing documentation (1) SNAP/TANF Households, or (2) Households that do not receive SNAP/TANF.

Option 1: SNAP/TANF Households **not** Directly Certified

You must provide one of the following:

1. Letter of Determination (pages 1 & 2). Must show case number, "SNAP Benefit" dates of coverage and names of people covered. We do **not** accept "Medical Benefit" information.
2. Form #3711 "Proof of Benefits" document. (Call the DHS office for this information).
3. Letter of Determination for TANF benefits showing dates of coverage and names of people covered.

(LINK card copies or proof of medical assistance such as Kids Care, Medicaid / Medical Benefits are **NOT** accepted).

Option 2: Households that do **not** receive SNAP/TANF

You must provide:

1. The prior year's Federal Tax Return, Form 1040. Not State Tax Return.
 - a. The form must show gross wages and dependents.
 - b. If household members file separate tax returns, copies of both returns must be submitted.
 - c. If you are a single parent household, all children must be reported on the Federal Tax Return to be considered eligible. If the child is not listed as a dependent, you are not eligible for a fee waiver.

AND

Any of the following options:

(Please note, the document you choose to provide must cover the current school year, show the person receiving the income, gross amounts, date of income, and frequency of income).

A. Earnings / Wages / Salary

- Last 2 consecutive pay stubs or a signed letter from your employer on letterhead.

B. Unemployment Compensation / Disability / Workers Compensation

- Notice of eligibility from state Employment Security Office, or disability award letter, or letter from Workers Compensation describing benefits and dates, or check stub of compensation.

C. Social Security / Pension / Retirement / VA Benefits / Strike Benefits

- Social Security retirement benefit letter, or statement of Supplemental Security benefits (SSI) received for each person, or pension award letter, or Veterans Affairs benefit letter, or Union Strike benefit letter.

D. Child Support / Alimony

- Court decree, or agreement, or copies of checks received.

E. All Other Income

- Notarized letter from person giving monthly aid, or if you have other income (example: rental income) send proof of amount, dates, and how often it is received.

F. No Income

- If you have no income, send a letter explaining how you provide food, clothing, and housing for your household and when you expect an income, or a Social Security statement showing you did not receive income the prior year.

2023-2024 Fee Waiver Application

The following fees are included in the fee waiver: Student Fees, PE Uniform Fee (once only), Athletic Fees, school year Driver's Education fee (Summer Driver's Education is not included).

Student(s) for whom the Application is made:

Student(s) Name	Grade	Campus (Freshman or Upper)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Income

Please indicate which documentation from page 2 you are including with your application.

Option 1

SNAP/TANF Household *(choose one)*

- ☐ (1) Letter of Determination for SNAP
☐ (2) Form #3711
☐ (3) Letter of Determination for TANF

Option 2

Non-SNAP/TANF Household

- ☐ (1) Prior year Federal Tax Return *(required for this option)*
AND (any of the following options)
☐ (A) Gross Earnings
☐ (B) Unemployment, Disability, Work. Comp.
☐ (C) Soc. Sec., Pension, Retirement, VA Ben., Strike Ben.
☐ (D) Child Support, Alimony
☐ (E) Other income
☐ (F) No income letter

Household Members Name and Relationship	SNAP/TANF	A. Gross Earnings (before taxes)	B. Unemployt., Disability, Work. Comp.	C. Soc. Sec, Pension, Retirement, VA Ben., Strike Ben.	D. Child Support, Alimony	E. Other Income	F. No Income
Name: Relationship:							
Name: Relationship:							
Name: Relationship:							
Name: Relationship:							
Name: Relationship:							
Name: Relationship:							
Name: Relationship:							
Name: Relationship:							

Please flip over and complete the top half of page 4

Acknowledgment

I, the undersigned parent/guardian, hereby request that the Board of Education of McHenry High School District #156 waive the annual student fee pursuant to Ill. Rev. Stat., Ch. 122, 10-20. 13.

I am specifically aware that supplying false information to obtain a fee waiver is a class 4 felony, (Ill. Rev. Stat. Ch. 38, 17-6). I attest that the statements made herein are true and correct.

Parent/Guardian Signature

Date

Parent/Guardian Contact Information (please print)

Name _____

Email _____

Address _____

Home Phone _____

City and State _____

Cell Phone _____

Zip Code _____

Work Phone _____

For School District Use Only

Application Status:

____ Approved
____ Denied

Application Information:

SNAP/TANF _____
Total Household Size _____
Total Household Income _____
Federal Guideline Limit _____

Reason for Denial:

____ Income too high (based on guidelines)
____ Income too low (based on guidelines)
____ Incomplete application
____ Unable to verify household members
____ Unable to verify household income
____ Missing 1040 Federal Tax Return
____ Missing SNAP or TANF document
____ Other _____

Comments:

Determining Officer Signature

Date