## HOUSEHOLD AND INCOME FORM

To determine eligibility for various a	dditional state	e and federal p	programs bene	efits that yo	our child(r	en) ma	y qualify f	for, pl	ease comple	te, sign	and	
return this application to	(scho	ol name)		<del></del> ·								
1. All Household Members		· • •										
NAMES OF ALL HOUSEHOLD MEMBER: First, Middle Initial, Last	S SCHOOL	SCHOOL NAME (for student only) GRADE (for student only)				SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.						
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								_		-		
	<u> </u>	····································				* A foste	child is the le	gal respo	onsibility of a welfar	e agency o	r court	
2. Homeless, Migrant, Runaway, or He	ad Start								,		765	
		ead Start										
3. Total Household Gross Income (bet	ore deduction	s) You must tel	ll us how much	and how of	iten.							
Α.	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)											
NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E	- Worker's Com ment, SSI, etc. (/	p., Unem All other in	ploy- come)		
	Amount	How often?	Amount	How often?	_	nount	How ofter	_	Amount	How of	ten?	
i.	\$		\$		\$			$\rightarrow$	\$			
ii.	s		\$		\$			!	5			
iii.	\$		5		\$				\$			
iv.	S		s		\$				s			
v.	\$		\$			S		:	\$			
4. Signature			1									
Date	Orintad	Name of Adult Ho	ucahald Mamhas			Signati	use of Adult I	Househ	old Member		_	
5. Contact Information	rinteg	Ivaine oi Addit rioi	azeriola intelliner			Signal	pre or Addit i	1003611	OIO INGILIDAI	V.		
Work Telephone Number (Include Area Code,	Home Telepho	ne Number (Includ	de Area Code)	H	ome Addres	s (Numbe	r, Street, City	y, Stat <del>a</del>	Zip Code)			
			SCHOOL USE	DAW W								
INITIAL DETERMINATION Annua	I Income Conve		52 Every 2 We		wice a Mon	th X 24	Once a M	lonth X	12 Conventincor frequencies			
TOTAL INCOME \$Per:	Every 2 ek Weeks	Twice a	☐ Month ☐ Ye	NUMBEI Bar HOUSEI	R IN HOLD:	CHAI	NGE IN 'US:			Date		
Currently receive benefits based on:   homeless						,		Date	Withdrawn			
La rigou Start		Signature of Determining Official			Date:							
Privacy Act Statement: The Illinois State Boa benefits programs. You do not have to give the	nis information, bu	it if you do not, we	e cannot determin	your child's	eligibility for	additiona	l benefits un	nder sta	te and federal p	rograms. 1	We will	

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.

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### INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

#### IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 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.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4 Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1 List all household members and the name of school for each child

Part 2:If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school,

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Provide signature of an adult household member

Part 5: Provide Contact Information for adult member of the household that signs this form.

# IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

## If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

If some of the children in the household are foster children are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income
- Box 2 —Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC., Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Eamings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.

## ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 —Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the
  money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount
  earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for
  the month from welfare, child support, alimony, pensions, rethrement, Social Security, Supplemental Security Income (SSI), Veteran's benefits), and disability
  benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and
  any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For
  ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP,
  FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as Income.

Part 4: Provide signature of an adult household member.

Part 5: Provide Contact Information for adult member of the household that signs this form.