Dear Parent/Guardian:

Children need healthy meals to learn. Hinckley-Big Rock CUSD #429 offers healthy meals every school day. Breakfast costs $2.00; lunch costs $3.00. Your children may qualify for free meals or for reduced price meals. Reduced price is $3.00 for breakfast and $4.00 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to Hinckley-Big Rock CUSD #429. Attn: Tina Weaver.

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

### Federal Income Eligibility Guidelines (Effective from July 1, 2020 to June 30, 2021)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Reduced-Price Meals (185% Federal Poverty Guidelines)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
</tr>
<tr>
<td>1</td>
<td>23,606</td>
</tr>
<tr>
<td>2</td>
<td>31,894</td>
</tr>
<tr>
<td>3</td>
<td>40,182</td>
</tr>
<tr>
<td>4</td>
<td>48,470</td>
</tr>
<tr>
<td>5</td>
<td>56,758</td>
</tr>
<tr>
<td>6</td>
<td>65,046</td>
</tr>
<tr>
<td>7</td>
<td>73,334</td>
</tr>
<tr>
<td>8</td>
<td>81,622</td>
</tr>
<tr>
<td>For each additional family member, add</td>
<td>8,288</td>
</tr>
</tbody>
</table>

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 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 child 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 reduced price meals 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?** No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.

5. **HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** 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 unless the school told you that your child is eligible for the new school year.

7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed 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 may also ask for a hearing by calling or writing to the person listed above.

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 a reduction in wages, use your current income.

14. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Households 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 line. 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 mean 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,
Tina Weaver

ISBE 68-08 NSLP 6BP (5/20)
PART 1: List all household members, and the name of 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 is/are not eligible under Part 2. See instructions for Other Households.

Part 4: Sign the form. If part 3 is completed, please include the last four digits of a Social Security Number (or mark the box if s/he doesn’t have one).

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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, 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 month for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans’ 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, FDPFR, 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. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

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

- Box 4 - Name: List all household members with income.

- Box 5 - 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), Veterans’ 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, FDPFR, 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, FDPFR, 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: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

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

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), Veterans’ 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, FDPFR, 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, FDPFR, 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: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)
APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

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

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last

[Student only]

School Name

[Student only]

Grade

SNAP OR TANF CASE NUMBER ONLY skip Part 4 if you list a SNAP or TANF case number. All households of 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.

Check if Faster Order

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

Date

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

☐ Homeless  ☐ Migrant  ☐ Runaway  ☐ Head Start

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)

<table>
<thead>
<tr>
<th>NAME</th>
<th>Earnings From Work (Before Deductions)</th>
<th>Welfare, Child Support, Alimony</th>
<th>Pensions, Retirement, Social Security</th>
<th>Worker’s Comp., Unemployment, SSI, etc. (All other income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<td>ii.</td>
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<td>iii.</td>
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<tr>
<td>iv.</td>
<td>$</td>
<td>$</td>
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<td>$</td>
</tr>
<tr>
<td>v.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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.

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

☐ White

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

--- 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  ☐ SNAP or TANF  ☐ Reduced based on:  ☐ Household’s income  ☐ Denied—Reason:  ☐ Income too high  ☐ Non-qualifying SNAP/TANF

☐ Migrant  ☐ Foster child

☐ Runaway  ☐ Household’s income

☐ Head Start  ☐ Incomplete application

Signature of Determining Official

Date Withdrawn:

Date:

68-03 School Year 2020-2021 NSSTAP (6/20)