

**APPLICATION FOR FREE AND REDUCED-PRICE MEALS—Complete One Application Per Household**

**SCHOOL USE ONLY**

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

Check if Error Prone Application

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

**Part 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—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  migrant  runaway  food stamp 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

Signature of Determining Official

Date

**CONFIRMATION (Prior to verification and only for those applications selected for verification.)** Signature of Confirming Official

Date

VERIFICATION	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT:
DATE VERIFICATION NOTICE SENT:	<input type="checkbox"/> Free based on food stamp/TANF case number	<input type="checkbox"/> No Change <input type="checkbox"/> Reduced to Free	<input type="checkbox"/> Income: <input type="checkbox"/> Did not respond	
DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)	<input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	<input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Paid	<input type="checkbox"/> Household Size: <input type="checkbox"/> Other:	EFFECTIVE DATE OF STATUS CHANGE:
DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact		Verifying Official's Signature	Date



**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)

**INCOME TO REPORT**

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Cash withdrawn from savings	Net royalties/annuities/net rental income	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