

BOARD OF EDUCATION
NORTHBROOK/GLENVIEW SCHOOL DISTRICT NO. 30

2374 Shermer Road
Northbrook, Illinois 60062

Office of the Superintendent
Dr. Brian Wegley

Telephone: (847) 498-4190
Fax: (847) 498-8981

August 1, 2016

Dear Parents or Guardian:

The Northbrook/Glenview District 30 Schools participate in the Special Milk Program. Milk is made available every school day. Students may buy milk for \$20.00 per year.

- If you now receive SNAP or TANF for your child, your child may receive free meals. If you received a letter with an eligibility certificate for school meals, return the certificate to the school your child attends. You do not have to complete the application.
- If your total household income is the same or less than the amounts on the Income Chart, your child may 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.

To receive free meals for your child, you must complete an application and return it to the school. We cannot approve an application that is not complete.

HOW TO APPLY: If you now receive SNAP or TANF for the child you are applying for, the application must have the child's name, a SNAP or TANF case number for each child, 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 SNAP or TANF case number for the child you are applying for, then the application must have the child's name, 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 the word "none" if the adult does not have a social security number.

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:

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2374 Shermer Road
Northbrook, IL 60062
(847) 498-4190

CONFIDENTIALITY: School officials use the information on the application to decide if your child should get free meals and may disclose this information to other programs.

REAPPLICATION: You may apply for meals anytime 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 or TANF for your child, complete an application then.

RACIAL/ETHNIC IDENTITY, CONTACT INFORMATION, AND ALL KIDS: You are not required to complete these sections to receive free 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.

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

INCOME CHART

July 1, 2016 to June 30, 2017

HOUSEHOLD SIZE

LEVEL FOR FREE MEALS

	Monthly
1	\$1,287
2	1,736
3	2,184
4	2,633
5	3,081
6	3,530
7	3,980
8	4,430
EACH ADDITIONAL FAMILY MEMBER +451	

Sincerely yours,



Dale Falk
Assistant Superintendent
Finance and Operations, CSBO

APPLICATION FOR FREE MEALS- Complete One Application Per Household Per School District (See Reverse Side for Instructions)

SCHOOL USE ONLY

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

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.										Check if Foster Child*		
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

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

* A foster child is the legal responsibility of a welfare agency or court.

Homeless Migrant Runaway Head Start

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

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)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	B. Amount	How often?	C. Amount	How often?	D. Amount	How often?	E. Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

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. X X X X - X X - 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 _____

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

7. 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: _____

— 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 migrant runaway Head Start
 SNAP or TANF foster child household's income
 Reduced based on:
 household's income
 Denied—Reason:
 income too high incomplete application Non-qualifying SNAP/TANF

Signature of Determining Official _____ Date Withdrawn: _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN ILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS

CONFIRMATION (Prior to verification and only for those applications selected for verification.)

Signature of Confirming Official _____ Date: _____

DIRECT VERIFICATION COMPLETED <input type="checkbox"/>	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT:
DATE VERIFICATION NOTICE SENT: _____	<input type="checkbox"/> Free based on SNAP/TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	<input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in SNAP/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	_____
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)				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 Results _____	Verifying Official's Signature _____		Date: _____

FISCAL YEAR 2017 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2016, through June 30, 2017:

Income Eligibility Guidelines
Effective from July 1, 2016 to June 30, 2017

Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297	1	21,978	1,832	916	846	423
2	20,826	1,736	868	801	401	2	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	3	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	4	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	5	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	6	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	5,408	451	226	208	104	For each additional family member, add	7,696	642	321	296	148

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.