

<b>SCHOOL USE ONLY</b>
<input type="checkbox"/> Check if Error Prone Application

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

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"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

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

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

- 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)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	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 - \_\_\_\_\_  
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    SNAP or TANF  
 migrant    foster child  
 runaway    household's income  
 Head Start

Reduced based on:

- household's income

Denied--Reason:

- income too high  
 incomplete application  
 Non-qualifying SNAP/TANF

Date Withdrawn: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Determining Official

**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: \_\_\_\_\_

**VERIFICATION**

DIRECT VERIFICATION COMPLETED   
DATE VERIFICATION NOTICE SENT: \_\_\_\_\_

DATE RESPONSE DUE FROM HOUSEHOLD: \_\_\_\_\_  
(recommend 10 calendar days)

DATE, METHOD, RESULTS OF FOLLOW-UP: \_\_\_\_\_  
(recommend 3 business days)

INITIAL DETERMINATION  
 Free based on SNAP/TANF case number  
 Free based on income  
 Reduced based on income

VERIFICATION RESULTS:  
 No Change  
 Free to Reduced  
 Free to Paid  
 Reduced to Free  
 Reduced to Paid

REASON FOR CHANGE:  
 Income: \$ \_\_\_\_\_  
 Household Size: \_\_\_\_\_  
 Change in SNAP/TANF  
 Did not respond  
 Other: \_\_\_\_\_

DATE NOTICE OF STATUS CHANGE SENT: \_\_\_\_\_

EFFECTIVE DATE OF STATUS CHANGE: \_\_\_\_\_

Mail    Telephone    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					Reduced-Price Meals 185% Federal Poverty Guideline					
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	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.