

MENDOTA TOWNSHIP HIGH SCHOOL

2300 W. MAIN STREET · MENDOTA, ILLINOIS 61342 · PHONE (815) 539-7446 · FAX 539-3103 · DISTRICT 280

Dear Parent or Guardian:

Children need healthy meals to learn. Mendota Twp. High School offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.25. Your children may qualify for free meals or for reduced-price meals. Reduced-price is .30 for breakfast and .40 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:

Denise Aughenbaugh
(Name)
2300 W. Main St., Mendota, IL 61342
(Address)
815/539-7446 Ext. 500
(Telephone Number)

Your children may qualify for free or reduced-price meals if your household income falls within the limits on this chart.

FEDERAL INCOME GUIDELINES
(Effective from July 1, 2007, to June 30, 2008)
REDUCED-PRICE MEALS
185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 18,889	\$ 1,575	\$788	\$727	\$364
2	25,327	2,111	1,056	975	488
3	31,765	2,648	1,324	1,222	611
4	38,203	3,184	1,592	1,470	735
5	44,641	3,721	1,861	1,717	859
6	51,079	4,257	2,129	1,965	983
7	57,517	4,794	2,397	2,213	1,107
8	63,955	5,330	2,665	2,460	1,230
For each Additional Family Member add	+6,438	+537	+269	+248	+124

Each Additional Family Member

Here are answers to questions you may have about applying:

- Who can get free or reduced-price meals?** Children in households receiving food stamps or Temporary Assistance for Needy Families (TANF) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free or reduced-price meals.
- Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- My child receives food stamps or TANF benefits. I received a letter with an eligibility certificate for school meals and milk. What do I do to receive meal or milk benefits for my child at school?** Return the eligibility certificate to the school your child attends. You do not have to complete this application to receive meal or milk benefits.
- 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. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to person listed above.
- Can homeless, runaway, and migrant children get free meals?** Please call (or contact the school) to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- Who can get reduced-price meals?** Your children can get low cost meals if your household income is within the reduced-price limits on the Federal Income Chart, shown on this application.
- I get Women, Infants, and Children (WIC). Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
- 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 a U.S. citizen to qualify for free or reduced-price meals.
- 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). You must include yourself and all children who live with you.
- What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- If I do not qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting food stamps or TANF. If you lose your job, your children may be able to get free or reduced-price meals during the time you are unemployed.
- What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.

Sincerely,

Denise Aughenbaugh, Principal

MUST COMPLETE PART 1 - 8 COMPLETELY!

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

SCHOOL USE ONLY:
 Check if Error Prone Application

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

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 (Categorically eligible)

Homeless Migrant Runaway (Signature of Your School Homeless Liaison or Migrant Coordinator) (Date)

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 (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)				3. Check if NO Income
	Earnings from Work (Before Deductions) Amount / How often?	Welfare, Child Support, Allimony Amount / How often?	Pensions, Retirement, Social Security Amount / How often?	Worker's Comp., Unemployment, SSI, etc. (All Other Income) Amount / How often?	
A.	\$ /	\$ /	\$ /	\$ /	<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. 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 Address 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:
 categorical eligibility food stamp or TANF homeless migrant runaway
 Reduced based on:
 foster child's income household's income
 Denied—Reason:
 income too high incomplete application
 Temporary:
 free reduced
 Until: _____ Until: _____ (maximum is 45 days each)
 DATE WITH-DRAWN: _____
 Signature of Determining Official _____ Date _____

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

VERIFICATION
 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 food stamp/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 food stamp/TANF Did not respond Other: _____
 DATE NOTICE OF STATUS CHANGE SENT: _____
 EFFECTIVE DATE OF STATUS CHANGE: _____
 Verifying Official's Signature _____ Date _____

INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

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 (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 (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 (Optional)

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National Schools Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to 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.

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.

INSTRUCCIONES PARA LLENAR LA SOLICITUD

Si su familia recibe CUPONES DE ALIMENTOS o TANF, siga estas instrucciones:

Parte 1: Anote los nombres de los niños, escuela, grado y el número de caso de cupones para alimentos o TANF

Parte 2: Marque el bloque apropiado.

Parte 3: Salte esta parte.

Parte 4: Salte esta parte

Parte 5: Firme la solicitud. El número de Seguro Social no es necesario.

Parte 6: Conteste esta pregunta si lo desea.

**Marque el bloque apropiado y comuníquese con [your school, homeless liaison, migrant coordinator].
Complete la solicitud para los DEMÁS FAMILIARES siguiendo las instrucciones.**

Si usted está solicitando para un HIJO DE CRIANZA, siga estas instrucciones:

Parte 1: Use una solicitud diferente para cada hijo de crianza. Anote el nombre del niño, escuela, y grado.

Parte 2: Salte esta parte.

Parte 3: Marque el bloque y anote la cantidad del ingreso mensual personal del niño, si alguno.

Parte 4: Salte esta parte.

Parte 5: Firme la solicitud. El número de Seguro Social no es necesario.

Parte 6: Conteste esta pregunta si lo desea.

PARA TODOS LOS DEMÁS MIEMBROS DE LA FAMILIA, incluyendo los que reciben WIC, siga estas instrucciones:

Parte 1: Anote el nombre de cada niño, escuela y grado.

Parte 2: Marque el bloque apropiado, si alguno.

Parte 3: Salte esta parte.

Parte 4: Siga estas instrucciones para reportar el ingreso total de la familia del mes pasado.

Columna 1– Nombre: Anote el nombre y apellido de cada una de las personas que vive en su hogar ya sean o no parientes (tal como abuelos, otros parientes o amigos). Usted debe incluirse a si mismo y a todos los demás niños que viven con usted. Añada otra página si es necesario.

Columna 2– Ingreso del mes pasado y cuantas veces fue recibido: Al lado del nombre de cada persona escriba los tipos de ingresos que recibieron el mes pasado y cuantas veces los recibieron. Por ejemplo, *Ingresos de empleo:* Escriba el **ingreso bruto** que cada persona ganó. Esta cantidad no es lo mismo que usted lleva a casa. **Ingreso bruto es la cantidad que usted gana antes de impuestos y deducciones.** La cantidad aparecerá en su comprobante de pago o su jefe le puede decir. Al lado de la cantidad, escriba cuantas veces la recibió (semanalmente, cada otra semana, dos veces al mes o mensualmente). *Otros Ingresos:* Anote la cantidad que cada persona recibió el mes pasado de; asistencia pública, sustento de menores, pensión de divorcio, pensión de jubilación, Seguro Social (tercera columna) y CUALQUIER OTRO INGRESO (cuarta columna). En las demás columnas incluya, compensación laboral, desempleo, beneficios de huelga, Ingreso Social Suplementario (SSI, por sus siglas en inglés), beneficios de Veteranos, beneficios por incapacidad, contribuciones regulares de personas que no viven en su casa, y CUALQUIER OTRO INGRESO. Declare el ingreso neto por ser dueño de negocio propio, finca o algún otro ingreso de renta. Al lado de la cantidad, escriba cuán frecuentemente lo recibió la persona. Si usted es parte de la Iniciativa de Privatización de Viviendas para Militares no incluya el subsidio para vivienda.

Columna 3–Marque si no hay ingresos: Si la persona no tiene ingresos, marque el bloque.

Parte 5: Un adulto debe firmar la solicitud y anotar su número de Seguro Social o marcar el bloque si no tiene uno.

Parte 6: Conteste esta pregunta si lo desea.