

Household Eligibility Applications
(Letter to households, application, and
application instructions) for the
**National School Lunch and
School Breakfast Programs.**
All three pages must be distributed.

CARTA PARA LOS MIEMBROS DEL HOGAR

Apreciado Padre o Guardián:

Los niños necesitan de alimentos saludables para aprender. Calumet Public School District 132, ofrece comidas saludables cada día de clases. El desayuno cuesta \$1.00; almuerzo cuesta \$1.40. Es posible que sus niños califiquen para comidas gratis o descontadas. El precio reducido es de **\$0.30** para desayunos o **\$0.40** para almuerzos. Para solicitar las comidas gratis o descontadas, use la Solicitud de Elegibilidad del Hogar, anexada. No podemos aprobar una solicitud que no esté completa, por lo que debe asegurarse de llenar toda la información requerida. Regrese la solicitud completa a:

Nombre: Veronica James

Dirección: 1440 W. Vermont Street Calumet Pk, IL

Teléfono: 708-388-8920 x 4811

Es posible que sus niños califiquen para recibir comidas gratis o descontadas, si el ingreso de su hogar se encuentra dentro de los límites de esta tabla.

DIRECTRICES FEDERALES PARA EL INGRESO
(Efectivo a partir del 1 de julio, 2009, hasta el 30 de junio, 2010)

Tamaño del Hogar	Comidas a Precios Reducidos 185% Directrices Federales para la Pobreza				
	Anual	Mensual	Dos Veces por Mes	Cada Dos Semanas	Semanal
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Por cada miembro adicional de la familia, añadida	6,919	577	289	267	134

Estas son algunas de las respuestas a las preguntas que pueda tener al hacer la solicitud:

- ¿Quién puede recibir comidas gratis o descontadas?** Niños en hogares que reciben el Programa de Ayuda Nutritiva Suplementaria (SNAP) o Ayuda Temporal para Familias Necesitadas (TANF) y la mayoría de los niños de acogida pueden recibir comidas gratis sin importar su ingreso. También, si el ingreso de su hogar se encuentra dentro de los límites de la Tabla Federal para el Ingreso, sus hijos pueden recibir comidas gratis o descontadas.
- ¿La información que daré, será revisada?** Si, es posible que le pidamos que mande el comprobante por escrito de la información provista.
- Mi niño recibe beneficios SNAP o TANF. La escuela me proveyó una carta que decía que mi hijo es elegible para las comidas gratis, por medio del proceso directo de certificación. ¿Necesito hacer otra cosa para que mi hijo reciba las comidas gratis?** No tiene que hacer nada más para recibir las comidas gratis. Si no desea recibir las comidas gratis, debería seguir los pasos mencionados en la carta para así notificar al personal de la escuela de inmediato.
- ¿Necesito llenar una solicitud por cada niño?** No. Complete la solicitud para pedir las comidas gratis o descontadas. Use una *Solicitud de Elegibilidad del Hogar para todos los estudiantes en su hogar*. Nosotros no podemos aprobar una solicitud que no esté completa, por lo que debe asegurarse de llenar toda la información requerida. Regrese la solicitud completada a la persona que se menciona arriba.
- ¿Las personas sin techo, fugitivos, emigrantes, o niños de Head Start pueden recibir comidas gratis?** Por favor, llame (o contacte a la escuela) para ver si sus niños califican, si no se le ha informado que ellos recibirán comidas gratis.
- ¿Quién puede recibir comidas descontadas?** Sus niños pueden recibir comidas a precios bajos si el ingreso de su hogar se encuentra dentro de los límites de precios reducidos que aparecen en la Tabla Federal para el Ingreso, mostrada en esta solicitud.
- Yo recibo ayuda del Programa Mujeres, Infantes y Niños (WIC). ¿Pueden mis hijos recibir comidas gratis?** Los niños en hogares que reciben WIC es posible que califiquen para recibir comidas gratis o descontadas. Por favor, llene la solicitud.
- ¿Puedo hacer la solicitud si alguien en mi hogar no es ciudadano de los Estados Unidos?** Si. Usted o sus hijos no tienen que ser ciudadanos de los Estados Unidos para calificar para comidas gratis o descontadas.
- ¿A quién debería incluir como miembro de mi hogar?** Todas las personas que vivan en su hogar, relativos o no (como abuelos, otros parientes, o amistades). Debe incluirse usted y todos los niños que vivan con usted.
- ¿Qué pasa si mi ingreso no siempre es el mismo?** Anote la cantidad que normalmente recibe. Por ejemplo, si recibe normalmente \$1000 cada mes, pero no pudo trabajar completamente el mes pasado y recibió sólo \$900, coloque que recibe \$1000 al mes. Si recibe sobre-tiempo normalmente, inclúyalo, pero no si lo recibe poco.
- Estamos en el ejército. ¿Incluimos nuestro subsidio de vivienda como ingreso?** Si su vivienda forma parte de la Iniciativa de Privatización de la Vivienda Militar, no lo incluya como ingreso. Todos los otros subsidios deben incluirse como ingreso bruto.
- Si no califico ahora, ¿puedo aplicar después?** Si. Puede aplicar en cualquier momento durante el año escolar, si el tamaño de su hogar aumenta, el ingreso baja, o si comienza a recibir SNAP o TANF. Si pierde su trabajo, es posible que sus niños puedan recibir comidas gratis o descontadas, durante su desempleo.
- ¿Qué pasa si no estoy de acuerdo con la decisión de la escuela acerca de mi solicitud?** Debería hablar con oficiales de la escuela. Puede solicitar una audiencia al llamar o escribir a la persona que se menciona arriba.

Sinceramente,

INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

If your household receives SNAP OR TANF, follow these instructions and return this form to your school.

Part 1: List child(ren)'s name, school, grade, and a SNAP 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, runaway, or Head Start child follow these instructions and return this form to your school.

Part 1: List child(ren)'s name, school, and 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 none, indicate \$0.00.

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 School 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 Supplemental Nutrition Assistance Program (SNAP), 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, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

SCHOOL USE ONLY
<input type="checkbox"/> 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)	SNAP OR TANF CASE NUMBER (if any, per child) Skip to Part 5 if you list a SNAP or TANF case number.

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

<input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway	(Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director)	(Date)
<input type="checkbox"/> Migrant	<input type="checkbox"/> Head Start		

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. If none, indicate \$0.00\$ _____

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)		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?	
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
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Part 6. Contact Information (Optional)

Work Telephone Number (include area code)	Home Telephone Number (include area code)	Home Address (number, street, city, zip code)
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Part 7. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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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—LEA must use annual 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

TOTAL INCOME: \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date: _____

<input type="checkbox"/> Free based on:	<input type="checkbox"/> Reduced based on:	<input type="checkbox"/> Denied—Reason:	<input type="checkbox"/> Temporary:
<input type="checkbox"/> categorical eligibility <input type="checkbox"/> homeless <input type="checkbox"/> migrant <input type="checkbox"/> runaway <input type="checkbox"/> Head Start	<input type="checkbox"/> SNAP or TANF <input type="checkbox"/> foster child's income <input type="checkbox"/> household's income	<input type="checkbox"/> income too high <input type="checkbox"/> incomplete application	<input type="checkbox"/> free <input type="checkbox"/> 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 <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"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact Results _____	VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Paid <input type="checkbox"/> Free to Paid	REASON FOR CHANGE: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Did not respond <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Other: <input type="checkbox"/> Change in SNAP/TANF	DATE NOTICE OF STATUS CHANGE SENT: _____ EFFECTIVE DATE OF STATUS CHANGE: _____ Verifying Official's Signature _____ Date _____
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