Fee Waiver Application
School year 2019-2020

*WAIVERS CANNOT BE PROCESSED WITHOUT PROPER DOCUMENTATION and THE APPLICATION FOR FREE MILK/LUNCH FILLED OUT COMPLETELY*

Please read italicized information below for documentation requirements

Name of Student ______________________ Year of Graduation ______________________

Please place an “X” next to the reason for this Waiver request.

_____ The above named student is currently receiving aid under the SNAP or TANF Benefit Program. Attach either a copy of your SNAP or TANF card or a copy of the letter of SNAP or TANF benefits. Please DO NOT include "LINK" card information or State Health/Medical information as neither are an acceptable form of documentation.

_____ The above named student is applying for Free and Reduced Meals/Fee Waiver based on income. Attach documentation which supports your income. Preferred documentation is a copy of the front sheet of your income tax return but we will accept copies of two most recent pay check stubs, unemployment benefits letter, court documentation showing child support or alimony, etc.

_____ There has been unusual expenses such as extraordinary medical expenses, fire, flood, storm damage, or other emergency situation. Attach an explanation along with copies of the applicable bills in support of this claim.

**After completing the above, sign and date the form below, complete the Application for Free Milk/Meal, attach appropriate documentation and return it to the Office of the Fee Secretary.**

My signature signifies that the above and attached information is, to the best of my knowledge, complete and true.

_________________________________________ Date ________________

Signature of Parent/Guardian

Questions? Please contact (LCHS) Stacy Messner (847-838-7103) or (ACHS) Vicky Rundle (847-838-7620)
**APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.**

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

   **SNAP OR TANF CASE NUMBER ONLY (skip to Part E if you fit a SNAP or TANF case number. All cases one SNAP or TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.**

<table>
<thead>
<tr>
<th>Check if Error Prone Application</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Homeless</th>
<th>Migrant</th>
<th>Runaway</th>
<th>Head Start</th>
</tr>
</thead>
</table>

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

3. **Total Household Gross Income (before deductions) You must tell us how much and how often.**

   **A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)**

<table>
<thead>
<tr>
<th>i.</th>
<th>Amount</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>iv.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

4. **Signature and Social Security Number (Adult must sign)**

   An adult household member must sign the application. If Part 3 is completed, adult signing the form must also list the last four digits of his or her social security number or mark (X) 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

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

   - THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY -

## INITIAL DETERMINATION

<table>
<thead>
<tr>
<th>TOTAL INCOME $</th>
<th>Per:</th>
<th>Week</th>
<th>Every 2 Weeks</th>
<th>Twice a Month</th>
<th>Month</th>
<th>Year</th>
<th>NUMBER IN HOUSEHOLD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE IN STATUS:</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Reduced based on:
  - SNAP or TANF
  - household’s income

- Denied—Reason:
  - income too high
  - incomplete application
  - Non-qualifying SNAP/TANF

Date Withdrawn: 
Date: 

Signature of Determining Official

88-03 School Year 2019-2020 NSSTAP 6/19
Dear Parent/Guardian:

To apply for the free lunch program and/or a fee waiver for CHSD117 please, use the Application for Free Milk/Meal and Reduced-Price Meals, which is enclosed. Please fill out all required information and attach all requested documentation. We cannot approve an application that is not complete. Return the completed application to LCHS Stacy Messner 847-838-7103 OR (ACHS) Vicki Rundle 847-838-7620.

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Federal Income Eligibility Guidelines (Effective from July 1, 2019 to June 30, 2020)</th>
<th>Free Meals (185% Federal Poverty Guidelines)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
<td>Monthly</td>
</tr>
<tr>
<td>1</td>
<td>23,107</td>
<td>1,926</td>
</tr>
<tr>
<td>2</td>
<td>31,204</td>
<td>2,527</td>
</tr>
<tr>
<td>3</td>
<td>38,481</td>
<td>3,128</td>
</tr>
<tr>
<td>4</td>
<td>47,743</td>
<td>3,629</td>
</tr>
<tr>
<td>5</td>
<td>55,915</td>
<td>4,232</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>4,833</td>
</tr>
<tr>
<td>7</td>
<td>72,019</td>
<td>5,434</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,036</td>
</tr>
</tbody>
</table>

For each additional family member, add 8,177 to 662 to 341 to 315 to 156.

1. 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 per district. We cannot approve an application that is not complete. Return the completed application to the school.

2. WHO CAN GET FREE MEALS? All children in households receiving benefits from the Food Stamp Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household’s gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven’t been told your children will get free meals, please contact your school to see if your child(ren) qualifies.

3. 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 Eligibility Income Chart, shown above.

4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.

5. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are they staying together in a shelter, motel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household if you believe children in your household meet these descriptions and haven’t been told your children will get free meals, please contact your school.

6. MY CHILD’S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child’s application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

7. I GET 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 the enclosed application.

8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.

9. IF I DON’T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.

10. 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.

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. Your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

12. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay for food, rent or other expenses), do not include them.

13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you regularly receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $500, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you lose your job or have had your wages or hour wage reduced, use your current income.

14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income for all. However, if any income facts are left empty or blank, those will also be counted as zeroes. Be sure to complete all lines. Your child(ren) are not eligible for reduced-price meals unless you include your income as income. Any additional combat pay resulting from deployment is also excluded from income.

15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, you must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).
INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefit. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EIEVEN, START FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn’t eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn’t have one.)

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the “Foster Child” box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. Check the “Foster Child” box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1 – Name: List all household members with income.
- Box 2 – Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include Income from SNAP, FDPR, WIC, Federal education benefits and foster payments received by the family from the preceding agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1 – Name: List all household members with income.
- Box 2 – Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under All Other Income, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include Income from SNAP, FDPR, WIC, Federal education benefits and foster payments received by the family from the preceding agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn’t have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (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 last four digits of 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), or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPR identifier for your child or when you indicate that 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, age, disability, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they apply. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.mission.USDA.gov. For Program Intake and Inquiry: (866) 832-9591. Submit your complaint or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) facsimile: (202) 720-6345; or (3) email: program.intake@usda.gov.

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