

DOCUMENTATION IS REQUIRED TO APPLY FOR A FEE WAIVER OR FREE LUNCH: (To be submitted to Associate Principal application deadline is 30 days from 1st day of school or from transfer entry date)

Option #1:

A copy of 2016 Income Tax return including the corresponding 2016 W2 form(s).
 (Please note that the students name must appear on the tax return as a dependent.)



Your income MUST fall within the income guidelines below.

Household Size	Yearly Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly Income
1	15,678	1,307	654	603	302
2	21,112	1,760	880	812	406
3	26,546	2,213	1,107	1,021	511
4	31,980	2,665	1,333	1,230	615
5	37,414	3,118	1,559	1,439	720
6	42,848	3,571	1,786	1,648	824
7	48,282	4,024	2,012	1,857	929
8	53,716	4,477	2,239	2,066	1,033
Each Additional family member	5,434	453	227	209	105

..... **OR**

Option #2:

A current letter from the Department of Human Services on letterhead that includes a case number and names of all persons covered.

Please note:

Medical coverage only public aid cards are not valid for a Waiver.
 (Public aid cards must specify financial assistance.)

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Please fill out all forms attached highlighted in YELLOW ONLY



CONSOLIDATED HIGH SCHOOL DISTRICT 230

15100 South 54th Avenue, Overland Park, IL 60462 Phone: 708-745-5203 Fax: 708-345-2105 www.d230.org

Dr. James M. Gay
Superintendent

To: Parents or Guardians

From: John Lavelle
Assistant Superintendent for Business Services

Re: Free Lunch Application

Date: July 1, 2017

Your child(ren) may qualify for our free lunch program if your household income falls within the Federal Income Guidelines. Please note that the District does not participate in the reduced price lunch program. All households are encouraged to apply for the free lunch program. If you wish to apply, the required form is attached. Please review the directions carefully, complete the form per the instructions and submit it to your building Principal. The school administration will process the applications and notify you of the result.

If your child is approved for a free lunch, he/she can choose from the following menu items on a daily basis:

MAIN ENTREES

Daily Home Cooked Meal (includes sides)
Hamburger or Cheeseburger on Bun
Grilled Cheese Sandwich
Cottage Cheese and Fruit Bowl
Deli Sandwich (not including Deli Bar)
Hot Dog on Bun
Tony's Pizza (not including Connie's Pizza)

SIDES: Can choose up to 2 sides in addition to all main entrees except for the daily home cooked meal, which already includes sides.

Whole fresh fruit, canned fruit, fries, cooked vegetables, small salad

ALL LUNCHEES INCLUDE ONE ½ PINT CARTON OF MILK.

BEVERAGES AND FOOD ITEMS NOT LISTED ABOVE MUST BE PAID FOR AT THE CASHIER STATION.

THOUGHT  MEANING  ACTION


4:140-E1-Operational Services

Application for Fee Waiver (To be submitted to Associate Principal)

Student's Full Name (please print)

Student's School ID Number

As the parent/guardian of the above-named student, I request a waiver of school fees. I am asking for a waiver of school fees because: (Please check at least one box)

- The above named student is currently receiving aid under Article IV of the Illinois Public Aid Code (aid to Families with Dependent Children AFDC) and evidence of participation is enclosed.
- The above named student is currently eligible for free meals pursuant to 105 ILCS 125/1 et seq.;
- While none of the above two statements are true, there are other reasons why I am unable to afford the school fee assessed to the above-named student which are described in detail below:

Supplying false information to obtain a fee waiver is a Class 4 felony (720 ILCS 5/17-6). I attest that the statements made herein are true and correct.

Parent/Guardian's Name (please print)

Parent/Guardian's Phone Number

Address

* Parent/Guardian's Email Address (please print)

City State Zip

Parent/Guardian's Name Signature

Date

* Notification of approval requires an email address.

4:140-E2-Operational Services

Response to application for Fee Waiver, Appeal, and Response to Appeal

Response to Application for Fee Waiver (To Parents)

Amos Alonzo Stagg High School

Student's Name (please print)

- Request granted
 Request denied for the following reason(s)

If your request was denied, you may appeal in writing by completing the following portion of this form and submitting it to the Superintendent within 14 days of your receipt of this decision. If you appeal this decision, you have the right to meet with the Superintendent or designee to explain why the fee waiver should be granted. You may reapply at any time if circumstances changes.

Building Principal

Date

Appeal of Denial of Fee Waiver (To be submitted to the Superintendent)

- I am exercising my right to appeal the Building Principal's denial of my request to waive the fee described above.
- I would like to explain why the fee waiver should be granted during a telephone conversation or during a meeting with the person who will decide my appeal. (If you check this box, someone from the Superintendent's office will contact you to make arrangements.)

Parent/Guardian (please print)

Telephone Number

Parent/Guardian Signature

Date

The Superintendent's office will notify you of the results of your appeal in approximately 14 calendar days.

Response to Appeal Fee Waiver Denial (To Parents)

- I have reviewed your appeal.
 Request granted
- Request denied for the following reason(s):

Superintendent Signature

Date

1. All Household Members

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 NO Income	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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the *I do not have a social security number* box. X X X X - X 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 _____ 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: Mark one or more racial identities:
- Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander
- Not Hispanic/Latino White American Indian or Alaska Native

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 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

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 <input type="checkbox"/> DATE VERIFICATION NOTICE SENT _____ DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar 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	VERIFICATION RESULTS: <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	REASON FOR CHANGE: <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 NOTICE OF STATUS CHANGE SENT: _____ 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: _____	

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 benefits. (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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: 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/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED 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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: 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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children 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. For any person, including children, with no income, you must check the "No Income" box. 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, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing 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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

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, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing 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, FDIPIR, 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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: 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 of the adult household member who signs the application. 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) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR 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.

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, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."