

FISCAL YEAR 2015 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2014, through June 30, 2015:

Income Eligibility Guidelines Effective from July 1, 2014, to June 30, 2015

| Household Size | Free Meals 130% Federal Poverty Guideline | | | | | Household Size | Reduced-Price Meals 185% Federal Poverty Guideline | | | | |
|--|--|---------|-----------------|-----------------|--------|--|---|---------|-----------------|-----------------|--------|
| | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly | | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 15,171 | 1,265 | 633 | 584 | 292 | 1 | 21,590 | 1,800 | 900 | 831 | 416 |
| 2 | 20,449 | 1,705 | 853 | 787 | 394 | 2 | 29,101 | 2,426 | 1,213 | 1,120 | 560 |
| 3 | 25,727 | 2,144 | 1,072 | 990 | 495 | 3 | 36,612 | 3,051 | 1,526 | 1,409 | 705 |
| 4 | 31,005 | 2,584 | 1,292 | 1,193 | 597 | 4 | 44,123 | 3,677 | 1,839 | 1,698 | 849 |
| 5 | 36,283 | 3,024 | 1,512 | 1,396 | 698 | 5 | 51,634 | 4,303 | 2,152 | 1,986 | 993 |
| 6 | 41,561 | 3,464 | 1,732 | 1,599 | 800 | 6 | 59,145 | 4,929 | 2,465 | 2,275 | 1,138 |
| 7 | 46,839 | 3,904 | 1,952 | 1,802 | 901 | 7 | 66,656 | 5,555 | 2,778 | 2,564 | 1,282 |
| 8 | 52,117 | 4,344 | 2,172 | 2,005 | 1,003 | 8 | 74,167 | 6,181 | 3,091 | 2,853 | 1,427 |
| For each additional family member, add | 5,278 | 440 | 220 | 203 | 102 | For each additional family member, add | 7,511 | 626 | 313 | 289 | 145 |

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 Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

LIBERTYVILLE SCHOOL DISTRICT 70

1381 WEST LAKE STREET LIBERTYVILLE, IL 60048

847-362-9030 FAX 847-362-3003

ADLER PARK SCHOOL • BUTTERFIELD SCHOOL • COPELAND MANOR SCHOOL
ROCKLAND SCHOOL • HIGHLAND MIDDLE SCHOOL

2015-2016 WAIVER OF FEES APPLICATION

To apply for a waiver of fees, please complete this application and return it to:

Educational Resource Center.

1381 West Lake Street

Libertyville, IL 60048

Attn: Amy Wilton

Please contact Amy Wilton, in the Business Office, at (847) 362-9030 if you have any questions.

Complete a separate application for each child.

Family Name _____

Student Name _____

Address _____

Daytime Phone _____

City, State, Zip _____

School _____

Please indicate which fee you are requesting to be waived:

Grades K - 5 Registration \$90.00

Grades 6 - 8 Registration \$110.00

The student qualifies for free or reduced price lunches under the federal guidelines.

The family is unable to pay the fees due to economic hardship caused by significant loss of income or unusual expenses caused by fire, flood, or similar emergency situation (explain below).

Explanation for Request: _____

Proof of Income:

Please attach proof of monthly income (example: last month's paycheck stubs, W-2's, AFDC records, child support or alimony documentation. *Failure to provide this information will delay the verification process.*

The Business office will notify the parent/guardian promptly as to whether the fee waiver request has been granted or denied. The Assistant Superintendent of Finance & Operation's denial of a fee waiver request may be appealed to the Superintendent by submitting the appeal in writing to the Superintendent within 14 days of the denial. The Superintendent's decision may be appealed to the Board of Education. The decision of the Board of Education is final and binding.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds, and that school officials may verify the information on the application, and that deliberate misrepresentation of the information is a felony under Illinois law, and may subject me to immediate denial of approval of this waiver.

Signature of Parent or Guardian

Date

Dr. Kurt Valentin, Assistant Superintendent

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 INSTRUCTION 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, 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, FDPIR, 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, FDPIR, 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, FDPIR, 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the USDA. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at intake@usda.gov. Individuals who are deaf, hard of hearing 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.

Check if Error Prone Application

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*

Table with columns for member names, school names, grades, SNAP/TANF case numbers, and checkboxes for income status and foster child status.

* 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.

Table for reporting household gross income with columns for member names, earnings from work, welfare, pensions, and other income.

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 - 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:

Mark one or more racial identities:

- Hispanic/Latino, Not Hispanic/Latino, Asian, White, Black or African American, 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, 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

Signature of Determining Official

Date Withdrawn: Date:

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

Table for verification process with columns for verification completion, determination, results, reason for change, and notice of status change.