

**LIBERTYVILLE SCHOOL DISTRICT #70**

1381 W. Lake Street Libertyville, IL 60048

847-362-9695, Fax 847-362-3003

Adler Park School • Butterfield School • Copeland Manor School • Rockland School • Highland Middle School

**2018-2019 WAIVER OF FEES APPLICATION**

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

Educational Resource Center  
Attn: Dr. Kurt Valentin  
1381 W. Lake Street  
Libertyville, IL 60048

Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Student Name(s) for which waivers are requested:**

Student Name	School	Grade

Reason for Waiver Request: (**check one and then attach documentation**)

- The student(s) is (are) eligible for Medicaid.
- The student(s) is (are) wards of the State of Illinois.
- Our household income meets the federal income eligibility guidelines.

**NOTE: Please provide proof of monthly income (example: last month's paycheck stubs, W-2's, AFDC records, child support or alimony documentation, 2016 Federal Tax Return). Failure to provide this information will delay the verification process.**

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/Legal Guardian

\_\_\_\_\_  
Date

**SCHOOL BUSINESS OFFICE USE ONLY:**

- Waiver Approved
- Temporary Free Until: \_\_\_\_\_
- Waiver Denied
- Free Lunches
- Reduced Lunches
- Reason: \_\_\_\_\_

\_\_\_\_\_  
Dr. Kurt Valentin, Assistant Superintendent

\_\_\_\_\_  
Date

## FISCAL YEAR 2018 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2017, through June 30, 2018:

<b>Income Eligibility Guidelines Effective from July 1, 2017, to June 30, 2018</b>											
	<b>Free Meals 130% Federal Poverty Guideline</b>						<b>Reduced-Price Meals 185% Federal Poverty Guideline</b>				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,678	1,307	654	603	302	1	22,311	1,860	930	859	430
2	21,112	1,760	880	812	406	2	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	3	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	4	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	5	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	6	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	7	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add	5,434	453	227	209	105	For each additional family member, add	7,733	645	323	298	149

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.

**INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT**

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**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)

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**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)

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**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 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, 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)

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**ALL OTHER HOUSEHOLDS INCLUDING 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, 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)

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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.

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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, disability, age, 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 applied for benefits. 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.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form 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) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider. ISBE 68-03 NSSTAP Application Instructions (5/16)

