



Darlene Revolinski  
Office Assistant  
Food Service Office

Dear Parent/Guardian,

Please make sure you completely fill in all sections of the Free/Reduced Application that pertain to your family or situation. Anything left out will result in a delay or denial of benefits.

Remember One Application per Family (unless Foster Child – One App. For Each Foster Child)

- Part 1  
List All children attending all schools in the district  
List Food Stamp Number, not Medical Card Number or Link Card Number
- Part 2  
If Homeless, Migrant or Runaway, you need to talk to your School's Principal to show proof that this is your situation.
- Part 3  
If application is for Foster Child, check box and list money child receives as personal income
- Part 4  
List All People living in Household  
List All Income from every source and how often you receive it
- Part 5  
List Social Security Number (except for Foster Child or Food Stamp App.)  
An application without a social security number cannot be processed  
All Applications must be signed and dated or they will be returned to you.

Any other questions, please read the enclosed instructions or call the Food Service Office at 815-547-3856 for help.

Elementary Breakfast: \$1.50	Elementary Lunch: \$2.00
M.S. & H.S. Breakfast: \$1.75	M.S. & H.S. Lunch: \$2.25
Reduced Price: .30	Reduced Price: .40

LETTER TO HOUSEHOLDS

Dear Parent or Guardian:

Child(ren) need healthy meals to learn. Belvidere CUSD 100, offers healthy meals every school day. Breakfast costs \_\_\_\_\_, lunch costs \_\_\_\_\_  
Name of School  
 Your child(ren) may qualify for free meals or for reduced-price meals. Reduced-price is **\$0.30** for breakfast and **\$0.40** for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

Name: Belvidere CUSD 100- Foodservice  
 Address: 9393 Beloit Rd. Belvidere, IL 61008  
 Telephone: 815-547-3557

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

**FEDERAL INCOME GUIDELINES**  
 (Effective from July 1, 2009, to June 30, 2010)

Household Size	Reduced-Price Meals 185% Federal Poverty Guidelines				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
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
For each additional family member, add	6,919	577	289	267	134

Here are answers to questions you may have about applying:

- Who can get free or reduced-price meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free or reduced-price meals.
- Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- My child receives SNAP or TANF benefits. The school provided me a letter that stated that my child is eligible for free meals via the Direct Certification Process. Do I need to do anything more to ensure that I receive free meals for my child?** No. You do not need to do anything more to receive the free meals. 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.
- 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. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to person listed above.
- Can homeless, runaway, migrant or Head Start children get free meals?** Please call (or contact the school) to see if your child(ren) qualifies, if you have not been informed that they will receive free meals.
- 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 Income Chart, shown on this application.
- I get Women, Infants, and Children (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 an application.
- May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
- 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). You must include yourself and all children who live with you.
- What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- If I do not qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP or TANF. If you lose your job, your children may be able to get free or reduced-price meals during the time you are unemployed.
- 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.

Sincerely,

Enclosure  
 LHH (6/09)

## 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.

APPLICATION FOR FREE AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District

<b>SCHOOL USE ONLY</b>
<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) (Grade) 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)**

Homeless  Runaway (Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director) (Date)  
 Migrant  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)		
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	
A.	\$	/	\$	/	\$	/	\$	/	<input type="checkbox"/>
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

**Part 6. Contact Information (Optional)**

Work Telephone Number (include area code) Home Telephone Number (include area code) Home Address (number, street, city, zip code)

**Part 7. 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  Native Hawaiian or Other Pacific Islander  
 White  American Indian or Alaska Native

**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: \_\_\_\_\_

Free based on:  
 categorical eligibility  SNAP or TANF  Reduced based on:  
 homeless  foster child's income  Denied—Reason:  
 migrant  foster child's income  household's income  income too high  Temporary:  
 runaway  household's income  incomplete application  free  reduced  
 Head Start  household's income  Other: \_\_\_\_\_

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:	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"/> 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: _____
DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone	<input type="checkbox"/> Personal Contact	Verifying Official's Signature _____	Date: _____

DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days) Results \_\_\_\_\_