

Household Eligibility Applications  
(Letter to households, application, and  
application instructions) for the National School  
Lunch and School Breakfast Programs.  
All three pages must be distributed.



## INSTRUCTIONS FOR APPLYING

Complete One Application Per Household Per School District

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**If your household receives FOOD STAMPS OR TANF, follow these instructions and return this form to your school.**

**Part 1:** List child(ren)'s name, school, grade, and a food stamp 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)

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**If you are applying for a homeless, migrant, or runaway child, follow these instructions and return this form to your school.**

**Part 1:** List child(ren)'s name, school, grade (Attach another sheet of paper if necessary.)

**Part 2:** Check the appropriate box

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**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)

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**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)

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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 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 Food Stamp Program, 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, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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**SCHOOL USE ONLY**  
 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) FOOD STAMP OR TANF CASE# (if any, per child)  
 Skip to Part 5 if you list a food stamp or TANF case#


**Part 2. Homeless, Migrant, or a Runaway (Categorically eligible)**

Homeless  Migrant  Runaway (Signature of Your School Homeless Liaison or Migrant Coordinator) (Date)

**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)	
A.	Amount / How often?	Amount / How often?	Amount / How often?	Amount / How often?	<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.  
 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 or Latino  Not Hispanic or Latino  
 Mark one or more racial identities:  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  
 White  American Indian or Alaska Native  Other \_\_\_\_\_

**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 HOUSE-HOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date: \_\_\_\_\_

Free based on:  categorical eligibility  homeless  migrant  runaway  
 food stamp or TANF  foster child's income  household's income  
 Reduced based on:  foster child's income  household's income  
 Denied—Reason:  income too high  incomplete application  
 Temporary:  free  reduced  
 Until: \_\_\_\_\_ Until: \_\_\_\_\_ (maximum is 45 days each)  
 DATE WITHDRAWN: \_\_\_\_\_  
 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 food stamp/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 food stamp/TANF	DATE NOTICE OF STATUS CHANGE SENT: _____ EFFECTIVE DATE OF STATUS CHANGE: _____
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DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days) \_\_\_\_\_  
 Mail  Telephone  Personal Contact  
 Verifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_