

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

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#

SCHOOL USE ONLY
<input type="checkbox"/> Check if Error Prone Application

Noble Street College Prep

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, SSL, etc. (All Other Income)		
A.	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	
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.

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

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 HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date: _____

Free based on:
 categorical eligibility food stamp or TANF
 homeless foster child's income
 migrant household's income
 runaway

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 _____

DATE VERIFICATION NOTICE SENT:	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT:
DATE RESPONSE DUE FROM HOUSEHOLD: (recommend 10 calendar days)	<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	<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	<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	EFFECTIVE DATE OF STATUS CHANGE:
DATE, METHOD, RESULTS OF FOLLOW-UP: (recommend 3 business days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone Results _____	<input type="checkbox"/> Personal Contact	Verifying Official's Signature _____	Date _____