

Dear Parent/Guardian:

Children need healthy meals to learn. **Lisle Community Unit School District 202** offers healthy meals every school day. Lunch costs **\$2.95**. **Your children may qualify for free meals or reduced price meals.** Reduced price is **\$0.40** for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **SNAP** or **TANF** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Federal Income Eligibility Guidelines (Effective from July 1, 2019 to June 30, 2020)						
Reduced-Price Meals (185% Federal Poverty Guidelines)						
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	
1	23,107	1,926	963	889	445	
2	31,284	2,607	1,304	1,204	602	
3	39,461	3,289	1,645	1,518	759	
4	47,638	3,970	1,985	1,833	917	
5	55,815	4,652	2,326	2,147	1,074	
6	63,992	5,333	2,667	2,462	1,231	
7	72,169	6,015	3,008	2,776	1,388	
8	80,346	6,696	3,348	3,091	1,546	
For each additional family member, add	8,177	682	341	315	158	

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail Jennifer Law, Homeless Liaison for Lisle Community Unit School District 202 at 630-493-8005 or email at [jlaw@lisle202.org](mailto:jlaw@lisle202.org).
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals 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 your students' school or to the Lisle School District Office at 5211 Center Avenue, Lisle, IL 60532.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. **If any children in your household were not listed on your eligibility notification, contact Marilyn Buchholz, District Office Secretary at 630-493-8016 or by email at [mbuchholz@lisle202.org](mailto:mbuchholz@lisle202.org) immediately.**
5. CAN I APPLY ONLINE? No. We do not accept online applications.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year through **September 26, 2019**. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.

7. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. **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, writing or emailing: David Wilkinson, 5211 Center Ave., Lisle, IL 60532, 630-493-8004, [dwilkinson@lisle202.org](mailto:dwilkinson@lisle202.org).
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. **WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members on a separate piece of paper, and attach it to your application. If you need a second application, please contact Marilyn Buchholz, District Office Secretary, 5211 Center Ave., Lisle, IL 60532.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP or other assistance benefits, contact your local Department of Human Services office for assistance at **1-800-843-6154 (Voice), 1-800-324-5553 (Nextalk), 711 TTY Relay.**

If you have other questions, call **Marilyn Buchholz, District Office Secretary, 5211 Center Avenue, Lisle, IL 60532, 630-493-8016, or email at [mbuchholz@lisle202.org](mailto:mbuchholz@lisle202.org).**

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**1. All Household Members (Attach another sheet of paper if necessary.)**

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you <b>MUST</b> apply based on household size and income.								Check if Foster Child*

\* 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.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of 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:

- Hispanic/Latino  
 Not Hispanic/Latino

Mark one or more racial identities:

- Asian    Black or African American  
 White    American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**– 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

Date Withdrawn: \_\_\_\_\_

Signature of Determining Official

Date: \_\_\_\_\_