

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 MUST 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
- White
- Black or African American
- 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

Reduced based on:

- household's income
- SNAP or TANF
- foster child
- household's income

Denied—Reason:

- income too high
- incomplete application
- Non-qualifying SNAP/TANF

Date Withdrawn: _____

Signature of Determining Official _____

Date: _____

REQUEST FOR WAIVER OF STUDENT RESOURCE FEE

2019-2020

(Name of Parent/Guardian)

(Address, City, State, Zip Code)

I, as parent or guardian, do hereby certify to the Board of Education of Shiloh School District 85 that I am unable to pay the full cost of resource fees and other fees related to the education of my child(ren) because of the following reason(s): (Please check all that apply)

- _____ Neither parent/guardian is presently employed. Reason: _____
- _____ I am presently receiving aid from the State of Illinois under the _____ program.
- _____ This aid amounts to approximately _____ per month.
- _____ My Public aid ID number is _____.
- _____ My child(ren) are currently eligible for free or reduced meals.
- _____ I lack adequate income. Please complete the following:
During the last calendar year, my household income was _____
- _____ There are _____ persons residing at my home.
- _____ Other reasons to support my request for waiver of fees: _____

Student's Name (s):

Grade (s):(2018-2019)

_____	_____
_____	_____
_____	_____

I do further certify under penalty of perjury that the foregoing information is correct, and I am aware that providing false information to obtain a fee waiver is a felony under Illinois law.

(Signature of Parent/guardian)

(Date)

Administrative use only:

Dear Parent/guardian,

After evaluating your request for a waiver of student book rental and other fees, we find that:

Your application is complete and your request is hereby approved.

Your application does not qualify for the waiver.

Your application is incomplete. Please supply the following information: _____

Principal _____