

# OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229

9400 Southwest Highway, Oak Lawn, Illinois 60453-2372  
Telephone 708.424.5200  
District Fax 708.424.5297  
High School Fax 708.424.5263

**Michael J. Riordan, Ed.D.**  
Superintendent

**Richard J. Hendricks, J.D., CPA**  
Assistant Superintendent - Business, CSBO

**Jeana L. Lietz, Ed.D.**  
Principal

**Lauren B. May**  
Assistant Principal

**Joseph A. McCurdy**  
Assistant Principal

**Kevin J. McKeown**  
Athletic Director

**Kathleen A. Murphy**  
Student Services Director

Dear Parent or Guardian:

July 2016

Oak Lawn Community High School serves free lunches each school day to eligible children. Children may receive free lunches and have their registration fees waived if one of the following criteria is met.

- The State of Illinois has provided us with a list of students who now receive SNAP/TANF benefits. If your child's name was included in this list your child will receive a free lunch. If your child's name was included in this list and the listed address is in District 229 boundaries, your child will receive a free lunch and the eligible fees will be waived and appear as a zero amount on your child's FEE STATEMENT. Eligible fees are registration and a one-time lock fee. If you currently receive SNAP/TANF and your child's fees have not been waived, please refer to the next page for directions on how to apply.
- If your total household income is the same or less than the amounts on the income chart below (Please provide the items listed in the box below as proof of household income.)
- If your child is a foster child regardless of your income
- Homeless, migrant, runaway and Head Start youth are eligible

All meals served must meet patterns established by the U.S. Department of Agriculture. However, if a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, this school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact my office for further information. Women, Infants and Children (WIC) participants may be eligible and are encouraged to complete an application.

**IMPORTANT: IF APPLYING FOR A FEE WAIVER AND FREE LUNCH BASED ON YOUR INCOME, PLEASE SUPPLY A COMPLETE COPY OF YOUR 2015 FEDERAL INCOME TAX RETURN AND W-2 FORMS ALONG WITH THIS COMPLETED APPLICATION TO THE SCHOOL. IF YOUR WORK STATUS HAS CHANGED SINCE 2015 PLEASE ALSO PROVIDE CURRENT PROOF OF INCOME (3 CURRENT PAY STUBS, UNEMPLOYMENT LETTER, ETC).**

## INCOME CHART

Effective from July 1, 2016 to June 30, 2017

Household size	Monthly
1	\$1,287
2	\$1,736
3	\$2,184
4	\$2,633
5	\$3,081
6	\$3,530
7	\$3,980
8	\$4,430
Each additional family member	+ \$451

Oak Lawn Community High School exists to...

- Inspire, challenge, and empower students and staff in a safe, supportive environment
  - Maximize individual potential through academic and personal growth
- Graduate students who attain the high standards set forth by our community

## HOW TO APPLY

- If you now receive SNAP or TANF for your child(ren), and the FEE STATEMENT does not show the eligible fees as waived, the application must have the child(ren)'s names, a SNAP or TANF case number (LINK CARD NUMBER CANNOT BE USED) and the signature of an adult household member. Current proof of your family's case number must be provided. **PLEASE NOTE: Current Medicaid Cards do not list SNAP or TANF case numbers. You must provide your determination letter from the Illinois Department of Human Services to demonstrate eligibility for SNAP or TANF benefits.**
- If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, and an adult signature.
- If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the child(ren)'s names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member and that adult's social security number or indicate if the adult does not have a social security number and you must provide your 2015 Federal Income Tax Return and W-2 Forms.
- Complete one application per household for all children who attend Oak Lawn Community High School District 229.
- If you need further assistance please call the Business Office at (708) 741-5604.

## OTHER INFORMATION

**VERIFICATION:** A completed copy of your 2015 Federal Income Tax Return and W-2 forms along with this completed application must be attached so school officials can determine eligibility. If your work status has changed since 2015 please also provide current proof of income (3 current pay stubs, unemployment letter, etc.).

**FAIR HEARING:** You may talk to school officials if you do not agree with the school's decision on your application or the results of the verification. You may also ask for a fair hearing. You may do this by calling or writing:

(708) 424-5200 or Dr. Michael Riordan, Superintendent  
9400 Southwest Highway  
Oak Lawn, IL 60453

**Each household should complete one application for all children who attend the same school district.**

**CONFIDENTIALITY:** School officials use the information on the application to decide if your child(ren) should receive free meal services and may disclose this information to other programs. In addition, the application information may be shared with All Kids\* if the parent or legal guardian does not decline and sign on the application. If a school wishes to share the application information for other services, they are required to obtain parental or legal guardian permission. This may be accomplished by asking the parent or legal guardian to complete *Sharing Information With Other Programs*. This form will identify each program(s) that school officials may share the application information and social security number with.

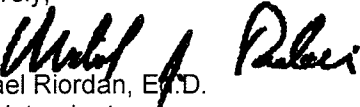
**REAPPLICATION:** You may apply for meals anytime during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, a household member becomes unemployed or receive SNAP or TANF for your child(ren), you may reapply.

**RACIAL/ETHNIC IDENTITY, CONTACT INFORMATION, AND ALL KIDS:** You are not required to complete these sections to receive free meals. A parent or legal guardian must mark the box and sign **if you elect not** to allow school officials to share the application information with All Kids.

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. 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, Office of Civil Rights, 1400 Independence Ave.SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

We will let you know after reviewing your application whether it has been approved or denied.

Sincerely,

  
Michael Riordan, Ed.D.  
Superintendent

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

**1. All Household Members**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.										Check if NO Income	Check if Foster Child*		
			1	2	3	4	5	6	7	8	9	0				
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
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			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-

\* 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)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	B. Amount	How often?	C. Amount	How often?	D. Amount	How often?	E. 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 or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box.

  X  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

**7. 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: \_\_\_\_\_

~~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    SNAP or TANF  
 migrant    foster child  
 runaway    household's income  
 Head Start

Reduced based on:

- household's income

Denied—Reason:

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

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

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

Signature of Determining Official \_\_\_\_\_

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN ILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS

**CONFIRMATION** (Prior to verification and only for those applications selected for verification.)

Signature of Confirming Official \_\_\_\_\_

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

**VERIFICATION**

DIRECT VERIFICATION COMPLETED <input type="checkbox"/>	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"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	REASON FOR CHANGE: <input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in SNAP/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	DATE NOTICE OF STATUS CHANGE SENT: _____  EFFECTIVE DATE OF STATUS CHANGE: _____
DATE VERIFICATION NOTICE SENT: _____				
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)				
DATE, METHOD, RESULTS OF FOLLOW-UP: _____ (recommend 3 business days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact Results _____	Verifying Official's Signature _____		Date: _____