

OAK LAWN COMMUNITY HIGH SCHOOL DISTRICT 229

9400 Southwest Highway, Oak Lawn, Illinois 60453-2372
Telephone 708.424.5200
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Michael J. Riordan, Ed.D.
Superintendent

Joseph A. McCurdy
Assistant Superintendent/CSBO

Jeana L. Lietz, Ed.D.
Principal

Lauren B. May
Assistant Principal

Marcus J. Wargin
Assistant Principal

Kevin J. McKeown
Athletic Director

Kathleen A. Murphy
Student Services Director

Dear Parent or Guardian:

July 2018

RE: Free Lunch/Fee Waiver Information

Oak Lawn Community High School serves free lunches each school day to eligible students. Students 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 (Supplemental Nutrition Assistance Program, formerly called Food Stamp Program)/TANF (Temporary Assistance for Needy Families) benefits. If your student's name was included in this list and the listed address is in District 229 boundaries, your student will receive a free lunch and the eligible fees will be waived and appear as a zero amount on your student's Skyward fee statement. Eligible fees are registration and a one-time hall and gym lock fee. If you currently receive SNAP/TANF and your student's fees have not been waived, please refer to the directions at the bottom of this page 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 student is a foster child regardless of your income.
- Homeless, migrant, runaway, and Head Start youth are eligible.

INCOME CHART (Effective from July 1, 2018 to June 30, 2019)

Household Size	Monthly	Important:
1	\$1,316	If applying for a fee waiver and free lunch based on your income, please supply a complete copy of your: <ul style="list-style-type: none">• 2017 Federal Income Tax Return• W-2 Forms If your work status has changed since 2017 please also provide current proof of income (3 current pay stubs, unemployment letter, etc).
2	\$1,784	
3	\$2,252	
4	\$2,720	
5	\$3,188	
6	\$3,656	
7	\$4,124	
8	\$4,592	
Each additional family member	+\$468	

HOW TO APPLY

- If you receive SNAP or TANF benefits for your student(s), and the Skyward fee statement does not show the eligible fees as waived, **you must provide documentation from the Illinois Department of Human Services that lists your address, student's name/birthdate, and the benefits received. The documentation must be dated no earlier than July 1, 2018. PLEASE NOTE: Medicaid Cards do not list SNAP or TANF case numbers.**
- One application per household for all students who attend Oak Lawn Community High School District 229 will be processed.
- If you need further assistance please call Mrs. Brooks, Administrative Assistant in the Oak Lawn Community High School Business Office at 708-741-5604.

OTHER INFORMATION

VERIFICATION: If applying for a fee waiver and free lunch based on your income, a completed copy of your 2017 Federal Income Tax Return and W-2 forms must be provided so school officials can determine eligibility. If your work status has changed since 2017 please also provide current proof of income (3 current pay stubs, unemployment letter, etc.).

SPECIAL DIET: All meals served must meet patterns established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to have a disability and the disability would prevent the student 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 student needs substitutions because of a disability, please contact my office for further information. Women, Infants and Children (WIC) participants may be eligible.

CONFIDENTIALITY: School officials use the information on the application to decide if your student(s) 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 student(s), you may reapply.

APPEAL: If your application was denied, you have the right to appeal to Superintendent Dr. Michael Riordan, 9400 Southwest Highway, Oak Lawn, Illinois 60453; 708-741-5601.

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. To file a complaint of discrimination, write USDA, Director, 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.

Sincerely,



Joseph A. McCurdy
Assistant Superintendent/CSBO

Attachments: Instructions for Applying
Application for Free Milk/Meal

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. (The last four digits of a Social Security Number are not necessary.)
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4:** Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Box 1–Name:** List all household members with income.
 - **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDIPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

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 last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider. ISBE 68-03 NSSTAP Application Instructions (7/18)

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*

																			<input type="checkbox"/>
																			<input type="checkbox"/>
																			<input type="checkbox"/>
																			<input type="checkbox"/>
																			<input type="checkbox"/>
																			<input type="checkbox"/>

* 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: _____