

# **Welcome to the Certification and Verification Workshops**

**July/August 2011**

**Presented by:** Chad Martel, M.S., S.N.S.  
Roxanne Ramage, M.S., R.D., S.N.S.

**Nutrition Programs Division  
Illinois State Board of Education**

# **Public Announcement, Electronic Direct Certification and Certification of Eligibility**

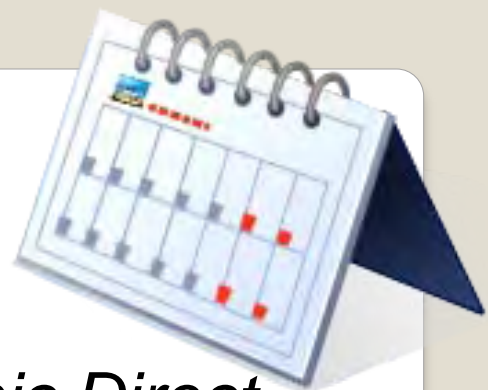
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# Public Announcement



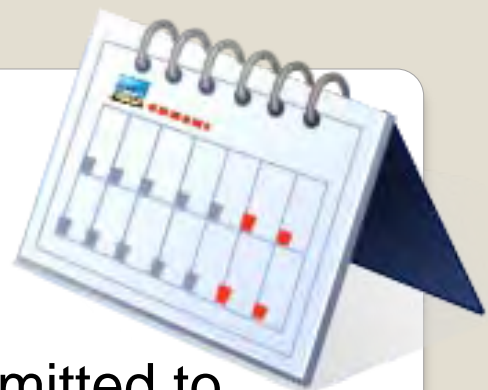
- Federal regulations require ALL SPONSORS to submit a public announcement of the federal School-Based Child Nutrition Programs to the local news media.
- **ISBE will submit a statewide public announcement on behalf of all participating sponsors for the 2011–2012 school year (SY).**
- Sponsors may still submit public announcements to local employment offices and major employers contemplating large layoffs in the attendance area of the school.
- Sample Public Announcement:  
[http://www.isbe.net/nutrition/pdf/PANSLP\\_0511.pdf](http://www.isbe.net/nutrition/pdf/PANSLP_0511.pdf)

# Sample School Timeline for Certification of Meal Benefits



1. On or near July 1, access the *Electronic Direct Certification System* to conduct direct certification of SNAP/TANF students.
2. Enter or upload eligibility data for these students including the extension of free meal benefits to ALL household members.
3. Notify these households of their free meal benefits. ([http://www.isbe.net/nutrition/pdf/69-15\\_dcs\\_sample.pdf](http://www.isbe.net/nutrition/pdf/69-15_dcs_sample.pdf))
4. No earlier than 4 calendar weeks before the start of school, distribute to all households, excluding those directly certified, the letter to household, Household Eligibility Application (HEA), and application instructions.

# Sample School Timeline for Certification of Meal Benefits



5. If a HEA with SNAP/TANF case number is submitted to an LEA, please check the *Electronic Direct Certification System* to determine if the student may be directly certified.
  - If found, status should be FREE based on direct certification.
  - If NOT found, process HEA at face value.
5. Within 10 days of receipt of HEA, process the application.
6. Enter or upload eligibility data for these students including the extension of SNAP/TANF categorical eligible meal benefits to ALL household members.
7. Notify these households of their meal benefits. Denial of benefits MUST be in writing. Sample form available at <http://www.isbe.net/nutrition/pdf/DEAPLE.pdf>
8. **Monthly**, access the *Electronic Direct Certification System* to conduct direct certification of SNAP/TANF students.

# Carryover of Previous Year's Eligibility

- Schools are required to carry over eligibility from the previous year for 30 operating days into the subsequent school year or until a new determination has been made, whichever comes first.
- Although schools are NOT required to notify households that carry-over period has ended, we have a sample form for this purpose available at <http://www.isbe.net/nutrition/pdf/NTRCE.pdf>.
- Household is responsible for any meal charges incurred until new application is received and approved. Refer to your Local school policy on charging meals.

# Full-Year Eligibility

- Eligibility begins on the date of certification, whether direct certification report date or processed date of the HEA, and remains in effect for the rest of that school year and for carryover into the subsequent school year.
- Households are NOT required to report changes in income, household size, receipt of benefits, or homeless/migrant status.
- Exceptions to full-year eligibility occur when:
  - The initial eligibility determination was incorrect.
  - Verification of household eligibility does not support the level of benefits for which the household was approved.
  - An application is given temporary approval.

# How Are Meal Benefits Determined?

## Direct Certification

- Certification of SNAP/TANF benefits via *Electronic Direct Certification System*

OR

## Categorical Eligibility

- Homeless, migrant, runaway, foster child or Head Start listing

OR

## Household Eligibility Application (HEA)

- SNAP/TANF application
- Income application
- Foster child application

# What is Direct Certification?

- Direct Certification is the process when LEAs certify children who are members of households receiving assistance under the SNAP and/or TANF as eligible for free school meals/milk.
- Households in which students are directly certified are not required to complete the HEA to receive free meal/milk benefits.
- Students directly certified are eligible for free school meal/milk benefits for the entire school year and are not subject to verification requirements.

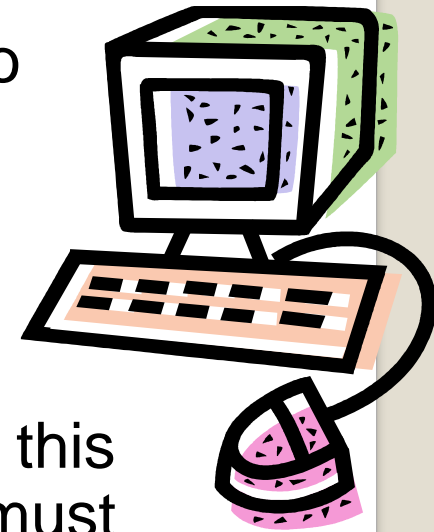
# School Year 2011-2012

## Direct Certification Update

- Utilizing the *Electronic Direct Certification System* is required for LEAs participating in NSLP.
- Requirement is to access the *Electronic Direct Certification System* **MONTHLY!**
  - For public school sponsors with SIS enrollment records, ISBE will create monthly reports the 1<sup>st</sup> of each month. Such reports are accessible via the *Download Files* area of the *System*.
  - For public school sponsors without SIS enrollment records and non-public sponsors, each sponsor will have to upload an enrollment file of ALL enrolled students via the Sponsor Match process.
- Direct certification has an impact on Community Eligibility Option (CEO) Participation.
  - More information about CEO is available online at [http://www.isbe.net/nutrition/htmls/nslp\\_hhfka\\_implementation.htm](http://www.isbe.net/nutrition/htmls/nslp_hhfka_implementation.htm)

# Overview of the Electronic Direct Certification System

- The *Electronic Direct Certification System* contains confidential data.
- You must have a login name and password to *IWAS* to access *Child Nutrition ACES*.
- The *Electronic Direct Certification System* is available from the main menu of *Child Nutrition ACES*.
- All rules and regulations regarding the use of this data including confidentiality and disclosure must be followed.
- *Electronic Direct Certification* section of the *Administrative Handbook* available at [http://www.isbe.net/nutrition/sbn\\_handbook/edc.pdf](http://www.isbe.net/nutrition/sbn_handbook/edc.pdf).



# Electronic Direct Certification

- Annual/Monthly Match
  - *(Public School Districts ONLY)*
- Sponsor Match
  - *(ALL LEAs)*
- Single Child Lookup
  - *(ALL LEAs)*

# Annual/Monthly Match

## (Public School Districts ONLY)

- File available July 1<sup>st</sup> annually and the 1<sup>st</sup> of each month thereafter.
- File Type: *Annual/Monthly*
- The *Annual* file will identify the students that were enrolled in SIS (June Records) for your district that are receiving SNAP/TANF benefits.
- Each Public School District will have **ONE** *Annual* File each school year.

# Annual/Monthly Match

## (Public School Districts ONLY)

- The *Monthly* file will identify any new students that are enrolled in SIS (Current Month Records) that did NOT appear on the *Annual* file for your district that are receiving SNAP/TANF benefits.
- *Monthly* files will identify the number of matches found via this match. In some cases, this will be zero.
- Students on this report/file, currently enrolled in your district, are automatically eligible for free meals/milk.
- It is unlikely that ALL students on the file will be directly certified. For example, some students may NOT re-enrolled in your district or may transfer schools.

# Sponsor Match (ALL LEAs)

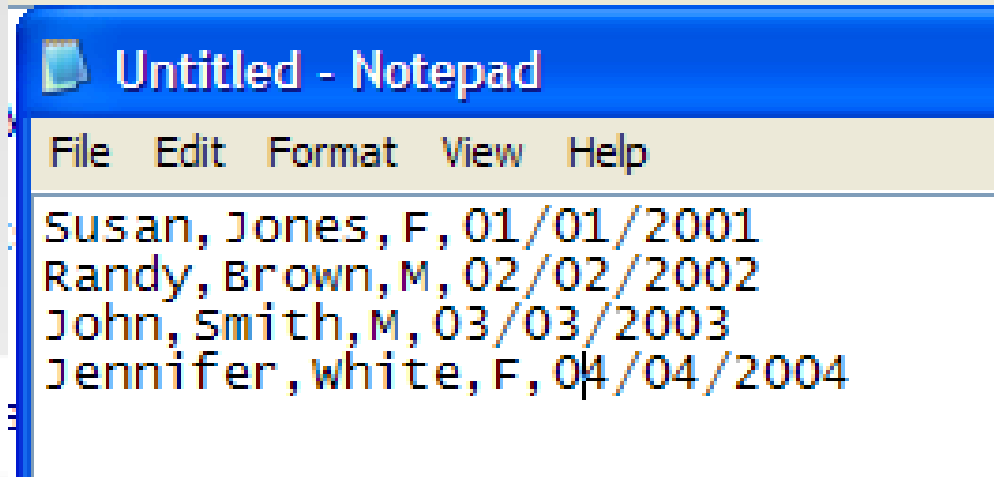
- Any LEA may upload a comma delimited file at any time.
- Each file must contain the following fields:
  - First Name,
  - Last Name,
  - Gender, (F-Female, M-Male)
  - Birth date (month/day/year, 01/17/2004)
- An optional 5<sup>th</sup> and 6<sup>th</sup> column of data may be added.
  - Such fields will be returned unchanged in the sponsor match file.
  - May be helpful to include SIS ID number, name of school, etc. for ease of matching to overall student file.
- Results will be displayed as File Type: *Sponsor File*

# Sponsor Match (ALL LEAs)

- Results will identify the students included on the upload file that are receiving SNAP/TANF benefits.
- Students on this report/file should be directly certified for free meals/milk if the LEA determines that the students are enrolled in the school/school district.

# What is a comma delimited file ?

- A file format that is used for uploading data to the *Electronic Direct Certification System*.
- A comma delimited file uses a comma to separate values.
- Example: Susan,Jones,F,01/01/2007
- See sample in Notepad below.
- More detailed information about comma delimited files and how to create one in both Notepad and Microsoft Excel are included in the *Electronic Direct Certification* section of the *Administrative Handbook*.



The screenshot shows a Notepad window titled "Untitled - Notepad". The menu bar includes "File", "Edit", "Format", "View", and "Help". The text content of the file is as follows:

```
Susan, Jones, F, 01/01/2001  
Randy, Brown, M, 02/02/2002  
John, Smith, M, 03/03/2003  
Jennifer, white, F, 04/04/2004
```

# Single Child Lookup (ALL LEAs)

- LEA may search for a single student who may be receiving SNAP/TANF benefits.
  - This will be beneficial for LEAs when a SNAP/TANF HEA is submitted, and the LEA attempts to Directly Certify the student/household members.
- An LEA may search on the following:
  - SNAP/TANF case number
  - OR
  - First name, Last name, and City.

# Single Child Lookup (ALL LEAs)

- A *Single Child Lookup Report* is available.
  - Please limit each report to 8 students!
  - There is no limit to the number of Single Child Reports that may be created.
- The option to download a file is NOT available for a Single Child Lookup.
- The *Single Child Lookup Report* will identify those students that were selected from the single child lookup search.
- Students on this reports should be directly certified for free meals/milk if the LEA determines that the students are enrolled in the school/school district.

# Exact Match and Close Match

- **Exact Match (Identified as 'E' on download files)** – All fields match.
- **Close Match (Identified as 'C' on download files)** – One or more fields may be close matches or could “sound-like” the requested search.
- With **ALL** matches, the LEA makes a determination if the **MATCH** is the student enrolled in their school.
- If the LEA determines that the match is an enrolled student, free meal/milk benefits **MUST** be provided.
- If the LEA determines that the match is **NOT** an enrolled student, please indicate on the documentation. No further action is needed by the LEA.

## Illinois State Board of Education

Direct Certification **Monthly** Report Based on ProgramParticipation in **February 2011**Agreement Number: **54-092-0020-26**

100 North First Street Springfield, Illinois 62777-0001

*An Equal Opportunity/Affirmative Action Employer*

Gery J. Chico

Christopher A. Koch, Ed.D.

Chairman

State Superintendent of Education

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## Judith Giacoma Elem School

## EXACT Matches:

| First Name | Last Name  | Birth Date | Sex | Case Number | Street Address | City       | State | Zip   |
|------------|------------|------------|-----|-------------|----------------|------------|-------|-------|
| KEIRA      | [REDACTED] | 05/09/2004 | F   | 94-100-22   | [REDACTED]     | WESTVILLE  | IL    | 61883 |
| BRAYTEN    | [REDACTED] | 01/17/2003 | M   | 94-100-22   | [REDACTED]     | GEORGETOWN | IL    | 61846 |
| KODY       | [REDACTED] | 11/21/2001 | M   | 04-100-06   | [REDACTED]     | WESTVILLE  | IL    | 61883 |
| KIRSTEN    | [REDACTED] | 12/07/2001 | F   | 94-100-22   | [REDACTED]     | DANVILLE   | IL    | 61832 |
| BRYAN      | [REDACTED] | 01/19/1998 | M   | 94-100-22   | [REDACTED]     | WESTVILLE  | IL    | 61883 |
| HANNAH     | [REDACTED] | 07/09/2004 | F   | 94-100-22   | [REDACTED]     | DANVILLE   | IL    | 61832 |
| MATTHEW    | [REDACTED] | 10/23/2000 | M   | 94-019-22   | [REDACTED]     | TOLONO     | IL    | 61880 |
| ETHAN      | [REDACTED] | 03/10/2005 | M   | 94-100-22   | [REDACTED]     | WESTVILLE  | IL    | 61883 |
| KATLYN     | [REDACTED] | 03/01/2004 | F   | 94-100-22   | [REDACTED]     | WESTVILLE  | IL    | 61883 |
| JATLYN     | [REDACTED] | 10/01/2002 | F   | 94-100-22   | [REDACTED]     | WESTVILLE  | IL    | 61883 |
| KAYTLYNN   | [REDACTED] | 08/21/2002 | F   | 94-100-22   | [REDACTED]     | WESTVILLE  | IL    | 61883 |
| GARLEY     | [REDACTED] | 05/24/2000 | F   | 94-100-22   | [REDACTED]     | GEORGETOWN | IL    | 61846 |
| JAMES      | [REDACTED] | 04/09/2003 | M   | 94-100-22   | [REDACTED]     | GEORGETOWN | IL    | 61846 |

Total Number of EXACT Matches: 13

## CLOSE Matches:

| First Name | Last Name  | Birth Date | Sex | Case Number | Street Address | City      | State | Zip   |
|------------|------------|------------|-----|-------------|----------------|-----------|-------|-------|
| DYLLAN     | [REDACTED] | 12/11/2005 | M   | 94-100-22   | [REDACTED]     | WESTVILLE | IL    | 61883 |

# LEA Processed Electronic Direct Certification Report

# USDA Policy Extending SNAP/TANF Eligibility for Free Meal Benefits

- Extending eligibility means that ALL children in the household who are participating in a Child Nutrition Program are categorically eligible for free meal/milk benefits if any child or **ADULT** receiving SNAP/TANF benefits is a member of that household.
  - **NOTE:** The *Electronic Direct Certification System* contains only children aged 18 years old and younger.
- Sample form to document the extension of SNAP/TANF benefits is available at [http://www.isbe.net/nutrition/pdf/54-45\\_direct\\_cert\\_snap\\_tanf.pdf](http://www.isbe.net/nutrition/pdf/54-45_direct_cert_snap_tanf.pdf).

# Required Notification to Households

- The LEA must notify the household of the following:
  - The student(s) is eligible for free meal/milk benefits;
  - If student(s) residing in the same household are NOT included on the notice, they should contact the school to request an extension of free meal benefits to all students;
  - No further action is required. The household **DOES NOT** have to complete a HEA; and
  - If the household does not want free benefits for a directly certified student, how to notify the LEA.
- Sample Notification Letter available in pdf and Word format at

<http://www.isbe.net/nutrition/htmls/dcs.htm>.

# Important Notes

- Students directly certified via this Electronic Direct Certification System are FREE eligible **without** the completion of the HEA.
- In order to ease the processing of HEA at the beginning of the school year annually, direct certification notification letters (Sent by the LEA to those student Directly Certified via this Electronic Direct Certification System) should be provided to households **in lieu of** the HEA.
- If a HEA with SNAP/TANF case number is submitted to an LEA, please check the Electronic Direct Certification System to determine if the student may be directly certified.
  - If found, status should be FREE based on direct certification.
  - If NOT found, process HEA at face value.

# How Are Meal Benefits Determined?

- **Direct Certification**
  - Certification of SNAP/TANF benefits via Electronic Direct Certification System

OR

- **Categorical Eligibility**
  - Homeless, migrant, runaway, foster child or Head Start listing

OR

- **Household Eligibility Application**
  - SNAP/TANF application
  - Income application
  - Foster child application

# School Year 2011-2012 Categorical Eligibility Update

- Foster children are now categorically eligible for free meals!
- Foster care is the temporary placement by the Department of Children and Family Services (DCFS) of children outside their homes due to abuse, neglect or dependency. Placing a child in substitute care - a foster family home, group home or institution - is not intended as a permanent living arrangement but to protect the child with the ultimate goal of returning the child home.

I have the potential for greatness.

**Don't Write Me Off**



# Categorical Eligibility—Head Start, Foster Child, Homeless, Migrant, and Runaway Children

- Dated list with each child's name and signed by appropriate person
  - Head Start director
  - Foster Care Agency Director
  - Homeless education liaison
  - Shelter director
  - Migrant education coordinator
  - Runaway and homeless youth service provider

OR

- Application with child's name and signature of appropriate person
- Sample form is available at [http://www.isbe.net/nutrition/pdf/50-73\\_hmls\\_cert\\_mm.pdf](http://www.isbe.net/nutrition/pdf/50-73_hmls_cert_mm.pdf).

# How Are Meal Benefits Determined?

- Direct Certification
  - Certification of SNAP/TANF benefits via Electronic Direct Certification System

OR

- Categorical Eligibility
  - Homeless, migrant, runaway, foster child or Head Start listing

OR

- Household Eligibility Application
  - SNAP/TANF application
  - Income application
  - Foster child application

# School Year 2011-2012 Certification Update

- Foster children are NOT submitted as a household of one, on their own HEA.
- Foster children are categorically eligible for free meal/milk benefits without regard to their personal use income.
- Foster children do count as household members of the foster household, when determining the eligibility for the foster household children.
- For income based HEA only, the last four digits of the Social Security Number are required or an indication that the adult household member signing the HEA does not have a Social Security Number.

# Distribution of the HEA -Four Calendar Weeks

- HEA = 3 pages, Letter to Household, Household Eligibility Application, and Instructions
- LEAs should send out the HEA no earlier than four calendar weeks prior to the time students start school.
- You are NOT required to provide a HEA to a household that has been notified of free benefits via direct certification.
- HEAs cannot be
  - Sent home at the end of the school year for next year, or
  - Accepted and processed by the LEAs before the beginning of the federally defined school year which begins July 1.

Dear Parent/Guardian:

Children need healthy meals to learn. \_\_\_\_\_ offers healthy meals every school day. Breakfast costs \$\_\_\_\_\_, lunch costs \$\_\_\_\_\_. Your children may qualify for free meals or for reduced price meals. Reduced price is \$\_\_\_\_\_ for breakfast and \$\_\_\_\_\_ for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: \_\_\_\_\_

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, 2011, to June 30, 2012)

| Household Size                         | Reduced-Price Meals (100% Federal Poverty Guideline) |         |                 |                 |        |
|--|--|---------|-----------------|-----------------|--------|
|  | Annual   | Monthly | Twice per Month | Every Two Weeks | Weekly |
| 1                                      | 20,147   | 1,679   | 840             | 175             | 390    |
| 2                                      | 27,214   | 2,266   | 1,134           | 1,047           | 524    |
| 3                                      | 34,281   | 2,853   | 1,429           | 1,319           | 660    |
| 4                                      | 41,348   | 3,440   | 1,723           | 1,591           | 796    |
| 5                                      | 48,415   | 4,028   | 2,018           | 1,863           | 932    |
| 6                                      | 55,482   | 4,614   | 2,312           | 2,134           | 1,067  |
| 7                                      | 62,549   | 5,213   | 2,607           | 2,406           | 1,203  |
| 8                                      | 69,616   | 5,802   | 2,901           | 2,678           | 1,339  |
| For each additional family member, add | 7,067  | 589     | 295             | 272             | 136    |

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
- WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- 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.
- 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 or writing to the person listed above.
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 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 \$800, 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.
- WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
- MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No. If the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 643-8154 (voice) or (800) 447-5404 (TTY).

Sincerely,

ISSE NSLP SBP (8/11)

# SY2011-2012 Letter to Household

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

**SCHOOL USE ONLY**  
 Check if Error-Prone Application

**1. All Household Members**

| NAMES OF ALL HOUSEHOLD MEMBERS<br>First, Middle Initial, Last | Is Student?<br>School Name | Is Student with<br>Grade | SNAP OR TANF CASE NUMBER (if any, for each household member) Skip to Part 5 if you list a SNAP or TANF case number. |   |   |   |   |   |   |   |   |   | Check if<br>NO<br>Income | Check if<br>Possible<br>Date |   |
|---|----------------------------|--------------------------|---|---|---|---|---|---|---|---|---|---|--------------------------|------------------------------|---|
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - |                          |                              | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |
|   |                            |                          | -   | - | - | - | - | - | - | - | - | - | -                        | -                            | - |

**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. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/very other week; \$100/week)**

| NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME) | B. Earnings From Work (Before Deductions) |            | C. Wages, Child Support, Alimony |            | D. Pensions, Retirement, Social Security |            | E. Worker's Comp., Unemployment, SSD, 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 or if no income is checked in Part 1. 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 X X - \_\_\_\_\_  I do not have a social security number.  
 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 of food 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 \_\_\_\_\_

**6. Contact information (Optional)**

Work Telephone Number (include Area Code) \_\_\_\_\_ Home Telephone Number (include Area Code) \_\_\_\_\_ Home Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

**8. 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    Native Hawaiian or Other Pacific Islander  
 White    American Indian or Alaska Native

**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: \_\_\_\_\_

**SCHOOL USE ONLY—LEA must use annual conversion on all applications in district.** Convert income only if different household size of pay are reported.

**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:  Homeless    Migrant    Runaway    Head Start    SNAP or TANF    Head of child    Household's income

Reduced based on:  household's income

Denied—Reason:  Income too high    Incomplete application    Free reduced

Temporary:  free reduced   Limit: \_\_\_\_\_   Limit: \_\_\_\_\_ (maximum is 45 days each)

Signature of Determining Official \_\_\_\_\_ Date: \_\_\_\_\_

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR A FREE AND/OR SPECIAL MEAL PROGRAMS ONLY:

**CONFIRMATION VERIFICATION** (Prior to verification and only for those applications selected for verification.)   Signature of Confirming Official \_\_\_\_\_ Date: \_\_\_\_\_

|   |   |   |   |   |
|---|---|---|---|---|
| <b>DIRECT VERIFICATION COMPLETED</b> <input type="checkbox"/>               | <b>INITIAL DETERMINATION</b><br><input type="checkbox"/> Free based on SNAP/TANF case number<br><input type="checkbox"/> Free based on income<br><input type="checkbox"/> Reduced based on income | <b>VERIFICATION RESULTS:</b><br><input type="checkbox"/> No Change<br><input type="checkbox"/> Free to Reduced<br><input type="checkbox"/> Free to Paid<br><input type="checkbox"/> Reduced to Free<br><input type="checkbox"/> Reduced to Paid | <b>REASON FOR CHANGE:</b><br><input type="checkbox"/> Income<br><input type="checkbox"/> Household Size<br><input type="checkbox"/> Change in SNAP/TANF<br><input type="checkbox"/> Did not respond<br><input type="checkbox"/> Other | <b>DATE NOTICE OF STATUS CHANGE SENT:</b> _____ |
| <b>DATE RESPONSE DUE FROM HOUSEHOLD:</b> _____ (recommend 10 calendar days) | <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact  | <b>Verifying Official's Signature</b> _____   |   | <b>EFFECTIVE DATE OF STATUS CHANGE:</b> _____   |
| <b>DATE, METHOD, RESULTS OF FOLLOW-UP:</b> (recommend 3 business days)      |   |   |   | Date: _____                                     |

# SY2011-2012 Application

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, 7:** Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: 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, 7:** Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: 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 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, 7:** Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: 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. For any person, including children, with no income, you must check the "No Income" box. 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, 7:** Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)

**ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

**Part 1:** List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

**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, 7:** Contact Information, Children's Racial and Ethnic Identities, and All Kids Information: 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, 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 FDPIR 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.

**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 Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-0410 or call toll free (866) 632-6892 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

# SY2011- 2012 Application Instructions



#### 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   -              
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       Native Hawaiian or Other Pacific Islander  
 White       American Indian or Alaska Native

#### 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: \_\_\_\_\_

**SCHOOL USE ONLY—LEA must use annual conversion on all applications in district.**

Convert income only if different frequencies of pay are reported.

**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:**

- 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

**Temporary:**

- free
- reduced

Until: \_\_\_\_\_ Until: \_\_\_\_\_  
(maximum is 45 days each)

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

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

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS ONLY.

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

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

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

**VERIFICATION**

DIRECT VERIFICATION COMPLETED

DATE VERIFICATION NOTICE SENT: \_\_\_\_\_

DATE RESPONSE DUE FROM HOUSEHOLD: \_\_\_\_\_  
(recommend 10 calendar days)

DATE, METHOD, RESULTS OF FOLLOW-UP: \_\_\_\_\_  
(recommend 3 business days)

**INITIAL DETERMINATION**

- Free based on SNAP/TANF case number
- Free based on income
- Reduced based on income

**VERIFICATION RESULTS:**

- No Change
- Free to Reduced
- Free to Paid
- Reduced to Free
- Reduced to Paid

**REASON FOR CHANGE:**

- Income: \$ \_\_\_\_\_
- Household Size: \_\_\_\_\_
- Change in SNAP/TANF
- Did not respond
- Other: \_\_\_\_\_

DATE NOTICE OF STATUS CHANGE SENT: \_\_\_\_\_

EFFECTIVE DATE OF STATUS CHANGE: \_\_\_\_\_

Mail  Telephone  Personal Contact  
Results

**Verifying Official's Signature** \_\_\_\_\_

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

# SNAP/TANF Household Eligibility Application

SNAP/TANF HEA must contain:

- Names of all household members including the child(ren) who will receive benefits
- Accurate SNAP/TANF case number for at least one household member (child or adult) of the household
  - The case number **MUST** be a qualifying number based on ISBE guidance.
- Signature of an adult household member

**NOTE:** If a HEA with SNAP/TANF case number is submitted to an LEA, please check the *Electronic Direct Certification System* to determine if the student may be directly certified.

- If found, status should be FREE based on direct certification.
- If NOT found, process HEA at face value.

# Acceptable SNAP/TANF Case ID Numbers

- May be ANY Household Member's SNAP/TANF Case ID Number
- Case numbers must contain **10–13 digits** in the following format: **XX-XXX-XX-XXX(XXX)**
- Case numbers starting with:
  - **04 or 06** means the person is receiving TANF and is eligible for free meals.
  - **08** means the person is receiving SNAP and is eligible for free meals.
  - **91, 92, 93, 94, or 96 ALONG WITH a 22 as the 6<sup>th</sup> and 7<sup>th</sup> digits** means the person is receiving medical benefits along with SNAP and based on the latter, is eligible for free meals.
  - **91, 92, 93, 94, or 96 ALONG WITH a 00 as the 6<sup>th</sup> and 7<sup>th</sup> digits** means the person MAY be receiving SNAP and TANF in addition to medical benefits; however, further information is needed.

# Acceptable SNAP/TANF Case ID Numbers

- *Example: 91-226-22-F19876 qualifies for free meal benefits.*
- *Example: 91-226-00-F19876 does not qualify for free meal benefits without additional documentation. See Exception details in Handbook.*
- *Example: 98-226-22-F19876 does not qualify for free meal benefits.*

# Income Applications

- HEAs based on income must contain:
  - Names of all household members including the child(ren) who will receive benefits
  - All household members receiving incomes and the frequency of each income
  - Signature and last 4 digits of the social security number of the adult household member signing the application
- Compare income to appropriate Income Eligibility Guidelines (IEGs).
- Determine if application is error-prone.
- Special Household Eligibility Application Situations are identified in the Administrative Handbook available online.

# Income Conversion

- When income is reported on a HEA:
  - If only one income is reported or all income at the same frequency (weekly, every two weeks, etc.), **DO NOT CONVERT**. Add the income amounts and compare to the IEGs.
- If incomes are received by the household at different intervals, **all income must be annualized**. Do not round converted income.
- Conversion Figures
  - Weekly X 52
  - Every two weeks X 26
  - Twice a month X 24
  - Monthly X12

# Income Eligibility Guidelines School Year 2011-2012

- The Income Eligibility Guidelines (IEG) for School Year 2011-2012 are available online at [http://www.isbe.net/nutrition/pdf/IEG\\_12.pdf](http://www.isbe.net/nutrition/pdf/IEG_12.pdf).

## Nutrition Programs

### ☒ *Data and Other Useful Information*

- ▶ Consumer Price Index
- ▶ Free and Reduced-Price Meal Eligibility Data
- ▶ Nutrition Program Sites in Illinois—interactive Map
- ▶ Commonly Used Acronyms in School-Based Child Nutrition Programs



### ☒ *Income Eligibility Guidelines*

The United States Department of Agriculture (USDA) has issued the following income eligibility guidelines for the periods of time as noted on each chart. (All in PDF format )

- ▶ FY2012
- ▶ Income Eligibility Guidelines—Archives (2004-2011)

### ☒ *Reimbursement Rates*

The following reimbursement rates are issued by the United States Department of Agriculture (USDA). The rates are prescribed on an annual basis each July for schools, child care institutions and day care homes, and each January for the summer program.

- ▶ Schools FY 2012 
  - ▶ FY 2011 Archive
- ▶ Child Care Institutions FY 2012 
  - ▶ FY 2011 Archive
- ▶ Day Care Homes FY 2011
  - ▶ FY 2010 Archive
- ▶ Summer Program

## FISCAL YEAR 2012 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2011, through June 30, 2012:

| Household Size                         | Free Meals<br>130% Federal Poverty Guideline |         |                 |                 |        | Household Size                         | Reduced-Price Meals<br>185% Federal Poverty Guideline |         |                 |                 |        |
|--|--|---------|-----------------|-----------------|--------|--|---|---------|-----------------|-----------------|--------|
|  | Annual                                       | Monthly | Twice Per Month | Every Two Weeks | Weekly |  | Annual  | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1                                      | 14,157                                       | 1,180   | 590             | 545             | 273    | 1                                      | 20,147  | 1,679   | 840             | 775             | 388    |
| 2                                      | 19,123                                       | 1,594   | 797             | 736             | 368    | 2                                      | 27,214  | 2,268   | 1,134           | 1,047           | 524    |
| 3                                      | 24,089                                       | 2,008   | 1,004           | 927             | 464    | 3                                      | 34,281  | 2,857   | 1,429           | 1,319           | 660    |
| 4                                      | 29,055                                       | 2,422   | 1,211           | 1,118           | 559    | 4                                      | 41,348  | 3,446   | 1,723           | 1,591           | 796    |
| 5                                      | 34,021                                       | 2,836   | 1,418           | 1,309           | 655    | 5                                      | 48,415  | 4,035   | 2,018           | 1,863           | 932    |
| 6                                      | 38,987                                       | 3,249   | 1,625           | 1,500           | 750    | 6                                      | 55,482  | 4,624   | 2,312           | 2,134           | 1,067  |
| 7                                      | 43,953                                       | 3,663   | 1,832           | 1,691           | 846    | 7                                      | 62,549  | 5,213   | 2,607           | 2,406           | 1,203  |
| 8                                      | 48,919                                       | 4,077   | 2,039           | 1,882           | 941    | 8                                      | 69,616  | 5,802   | 2,901           | 2,678           | 1,339  |
| For each additional family member, add | 4,966  | 414     | 207             | 191             | 96     | For each additional family member, add | 7,067   | 589     | 295             | 272             | 136    |

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

## FISCAL YEAR 2012 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2011, through June 30, 2012:

| Free Meals<br>130% Federal Poverty Guideline |        |         |                 |                 |        | Reduced-Price Meals<br>185% Federal Poverty Guideline |        |         |                 |                 |        |
|--|--------|---------|-----------------|-----------------|--------|---|--------|---------|-----------------|-----------------|--------|
| Household Size                               | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly | Household Size  | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1  | 14,157 | 1,180   | 590             | 545             | 273    | 1   | 20,147 | 1,679   | 840             | 775             | 388    |
| 2  | 19,123 | 1,594   | 797             | 736             | 368    | 2   | 27,214 | 2,268   | 1,134           | 1,047           | 524    |
| 3  | 24,089 | 2,008   | 1,004           | 927             | 464    | 3   | 34,281 | 2,857   | 1,429           | 1,319           | 660    |
| 4  | 29,055 | 2,422   | 1,211           | 1,118           | 559    | 4   | 41,348 | 3,448   | 1,723           | 1,591           | 796    |
| 5  | 34,021 | 2,836   | 1,418           | 1,309           | 655    | 5   | 48,415 | 4,035   | 2,018           | 1,863           | 932    |
| 6  | 38,987 | 3,249   | 1,625           | 1,500           | 750    | 6   | 55,482 | 4,624   | 2,312           | 2,134           | 1,067  |
| 7  | 43,953 | 3,663   | 1,832           | 1,691           | 846    | 7   | 62,549 | 5,213   | 2,607           | 2,408           | 1,203  |
| 8  | 48,919 | 4,077   | 2,039           | 1,882           | 941    | 8   | 69,616 | 5,802   | 2,901           | 2,678           | 1,339  |
| For each additional family member, add       | 4,966  | 414     | 207             | 191             | 96     | For each additional family member, add                | 7,067  | 589     | 295             | 272             | 136    |

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

# Temporary Approvals

- Temporary approvals are permitted when a household's need for assistance appears to be short-term.
- It is recommended that follow-up be done every 45 calendar days.
- Documentation of the follow-up should be noted on the application.

# Foster Child Household Eligibility Application

- Foster children, whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household, are categorically eligible to receive free meals/milk.
- This may be documented via a categorical listing from a representative with a foster care placement agency or via the HEA.
- Please note that a separate HEA is no longer required for each foster child.
- Therefore, a HEA may contain a foster child and additional members of the household, resulting in two different eligibility statuses on the same HEA. See example, next slide.

1. All Household Members

Check if Error Prone Application

| NAMES OF ALL HOUSEHOLD MEMBERS<br>First, Middle Initial, Last | (If Student only)<br>School Name | (If Student only)<br>Grade | SNAP OR TANF CASE NUMBER (if any, for each household member) Skip to Part 5 if you list a SNAP or TANF case number. |   |   |   |   |   |   |   |   |    | Check if NO Income | Check if Foster Child               |                                     |                                     |
|---|----------------------------------|----------------------------|---|---|---|---|---|---|---|---|---|----|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   |                                  |                            | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                    |                                     |                                     |                                     |
| John Smith  | ABC Elem                         | K                          | -   | - | - | - | - | - | - | - | - | -  | -                  | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     |
| Andrew Smith  |                                  |                            | -   | - | - | - | - | - | - | - | - | -  | -                  | -                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Anita Smith   |                                  |                            | -   | - | - | - | - | - | - | - | - | -  | -                  | -                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Marissa Smith   |                                  |                            | -   | - | - | - | - | - | - | - | - | -  | -                  | -                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Stephanie Smith   | XYZ High School                  | 10                         | -   | - | - | - | - | - | - | - | - | -  | -                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| Sophie Jones  |                                  |                            | -   | - | - | - | - | - | - | - | - | -  | -                  | -                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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<br>(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. Andrew Smith                                      | \$ 1800  | twice per month | \$                                 |            | \$                                       |            | \$  |            |
| 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 - 7 8 9 0  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 of 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.

August 17, 2011  
Date

Anita Smith  
Printed Name of Adult Household Member

A. Smith  
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

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 this application shared with All Kids. \_\_\_\_\_

**SCHOOL USE ONLY—LEA must use annual conversion on all applications in district.**

**ANNUAL INCOME 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: 6 CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

Free based on:  homeless  migrant  runaway  Head Start  SNAP or TANF  foster child Sophie Jones  household's income

Reduced based on:  household's income  Denied—Reason:  income too high  incomplete application  Temporary:  free  reduced

Signature of Determining Official: Dolly Secretary Date Withdrawn: 8-10-11

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS ONLY.

CONFIRMATION AND VERIFICATION (Application and only for those applications selected for verification.) Signature of Confirming Official \_\_\_\_\_ Date \_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
| DIRECT VERIFICATION COMPLETED <input type="checkbox"/><br>DATE VERIFICATION NOTICE SENT: _____<br>DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days) | INITIAL DETERMINATION<br><input type="checkbox"/> Free based on SNAP/TANF case number<br><input type="checkbox"/> Free based on income<br><input type="checkbox"/> Reduced based on income | VERIFICATION RESULTS:<br><input type="checkbox"/> No Change<br><input type="checkbox"/> Free to Reduced<br><input type="checkbox"/> Free to Paid<br><input type="checkbox"/> Reduced to Free<br><input type="checkbox"/> Reduced to Paid | REASON FOR CHANGE:<br><input type="checkbox"/> Income: \$ _____<br><input type="checkbox"/> Household Size: _____<br><input type="checkbox"/> Change in SNAP/TANF<br><input type="checkbox"/> Did not respond<br><input type="checkbox"/> Other: _____ | DATE NOTICE OF STATUS CHANGE SENT: _____<br>EFFECTIVE DATE OF STATUS CHANGE: _____ |
| DATE, METHOD, RESULTS OF FOLLOW-UP: _____ (recommend 3 business days)  | Results: <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact  |  | Verifying Official's Signature: _____  | Date: _____  |

# Approving HEAs

- HEAs must be processed (approved or denied by the LEA) within ten (10) working days of receipt.
- The determining official must:
  - Indicate the eligibility determination
  - Sign each HEA
  - Date each HEA the day it is approved/denied
    - If approved, benefits may not be received prior to the date of approval.

# Incomplete Applications

The determining official cannot process an incomplete application.

- Return copy of application to the household to obtain missing information.
  - If adult member signature is missing, application must be returned to obtain a signature.
- Contact household and note missing information on the application.
  - All changes should be initialed and dated.

# If a Household Is Denied Benefits

- The household must receive written notification including the following:
  - Reason for denial
  - Right to appeal
  - Instruction on how to appeal
  - Notification that the household may reapply at any time during the school year
- Sample denial/approval letter available online at <http://www.isbe.net/nutrition/pdf/DEAPPLE.pdf>.



**School-Based Child Nutrition Programs  
Administrative Handbook  
July 2011**



**Illinois State Board of Education  
Nutrition Programs Division  
800.545.7892 or 217.782.2491  
Fax: 217.524.6124  
[www.isbe.net/nutrition](http://www.isbe.net/nutrition)  
[cnp@isbe.net](mailto:cnp@isbe.net)**

- Available online only at [http://www.isbe.net/nutrition/sbn\\_handbook/toc.htm](http://www.isbe.net/nutrition/sbn_handbook/toc.htm)

# Contact Us

Nutrition Programs Division  
Illinois State Board of Education  
100 North First Street, W-270  
Springfield, IL 62777-0001

**Telephone:** 800/545-7892 in Illinois only

217/782-2491

**Fax:** 217/524-6124

**Email:** [cnp@isbe.net](mailto:cnp@isbe.net)

**Website:** [www.isbe.net.nutrition](http://www.isbe.net.nutrition)

