

## APPLICATION FOR FEE WAIVER

Name of Student(s) \_\_\_\_\_

School \_\_\_\_\_

Purpose of Fee \_\_\_\_\_

Amount of Fee \_\_\_\_\_

I, the undersigned parent/guardian, hereby request that the C.U.S.D. #1 School Board waive the above-mentioned school fee pursuant to Illinois Revised Statutes, Ch.122 Para. 10-20.13.

I further state in support of this waiver request that one of the following statements is true and accurate (please check at least one).

\_\_\_\_\_ The above-named student(s) is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children-AFDC) and I am enclosing evidence of participation in AFDC.

\_\_\_\_\_ The above-named student(s) is currently eligible for Free or Reduced Price Meals pursuant to Illinois Revised Statutes, Ch. 122 Para. 712.1 et seq.

\_\_\_\_\_ The above-named student(s) is from a household whose gross income is at or below the levels shown.

Federal Income Eligibility Guidelines (Effective from July 1, 2011, to June 30, 2012)

Household Size	Reduced Price Meals (185% Federal Poverty Guideline)				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	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

\_\_\_\_\_ While none of the above three statements are true and accurate, there are other reasons why I am unable to afford the school fee assessed to the above-named student(s). These other reasons are described in detail:

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I have reviewed the District's policy and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 felony (Illinois Revised Statutes, Ch. 38 Para. 17-6). I attest that the statements made herein are true and correct.

Signature \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature



**PUPIL INFORMATION CARD**

Student Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address: \_\_\_\_\_ P O Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthplace \_\_\_\_\_ Home Phone \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Work Place \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Work Place \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone#1 \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone #2 \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ethnic Group(check one) White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Am Ind \_\_\_\_\_ Hisp \_\_\_\_\_ Other \_\_\_\_\_

**Office Use Only**  
Record Release \_\_\_\_\_ Physical/Health Records \_\_\_\_\_ Birth Certificate \_\_\_\_\_  
Textbook Rental Forms \_\_\_\_\_ Student Transfer Forms \_\_\_\_\_ Bus Driver \_\_\_\_\_  
Locker Number \_\_\_\_\_ Combination \_\_\_\_\_ Homeroom \_\_\_\_\_

Dear Parent/Guardian:

Children need healthy meals to learn. FRANKLIN C.U.S.D. #1 offers healthy meals every school day. Breakfast costs \$ 1.00; lunch costs \$ 2.00. Your children may qualify for free meals or for reduced price meals. Reduced price is \$ .30 for breakfast and \$ .40 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: FRANKLIN C.U.S.D. #1, 110 STATE ST., FRANKLIN, IL 62338

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 (185% Federal Poverty Guideline)				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
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6	55,482	4,624	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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
8. 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.
9. 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.
10. 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.
11. 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.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. 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.
14. 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.
15. 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) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely, ADAM EHRMAN

**SCHOOL USE ONLY**

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 (if any, for each household members) 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	0				
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
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			-	-	-	-	-	-	-	-	-	-	-	-	-	-

**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 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.

            -             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: \_\_\_\_\_

**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)

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

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

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

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

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 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, 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, FDPIR, 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, FDPIR, 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, FDPIR, 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 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 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. 20250-9410 or call toll free (866) 632-9992 (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."