



CHICAGO PUBLIC SCHOOL DISTRICT

National School Lunch and School Breakfast Programs – September 2009

Dear Parent or Guardian:

Children need healthy meals to learn. Chicago Public Schools offer healthy meals every school day. Breakfast costs \$1.50; elementary lunch costs \$1.85 or high school lunch costs \$2.10. Your children may qualify for free or reduced-price meals. For both elementary and high schools, reduced-price is \$.30 for breakfast and \$.40 for lunch.

To apply for free or reduced-price meals, use the Household Eligibility Application on the reverse side. 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's school.

Children in Supplemental Nutrition Assistance Program (SNAP) (previously called food stamps) households are eligible for free meals. Children may also qualify for free or reduced-price meals if your household receives TANF benefits or your household income falls within the limits on this chart.

Please contact your child(ren)'s school with any questions regarding this application.

Federal Income Guidelines
Reduced-Price Meals
185% Federal Poverty Guideline
(Effective July 1, 2009 through June 30, 2010)

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional household member	+6,919	+ 577	+ 289	+ 267	+ 134

Here are answers to questions you may have about applying:

- My child receives SNAP (previously called food stamps) or TANF benefits. What do I do to receive meal benefits for my child at school?** If you have received a Pre-Certification letter from your child's school, you do not have to complete this application to receive free meal benefits. If you have not received a Pre-Certification letter, please complete Part 1, Part 2, and Part 6 of the application.
- I get Women, Infants, and Children (WIC) benefits. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
- Who can get free or reduced-price meals?** Children in households receiving SNAP benefits (previously called food stamps) or Temporary Assistance for Needy Families (TANF) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart shown above, your children can get free or reduced-price meals.
- Can homeless, runaway, migrant and children enrolled in Head Start get free meals?** Yes. Please contact the school to see if your children qualify, if you have not already been informed that they will get free meals.
- May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be a U.S. citizen 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). You must include yourself and all children who live with you.
- What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- If I do not qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP (previously called food stamps) or TANF. If you lose your job, your children may be able to get free or reduced-price meals during the time you are unemployed.
- 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 your child(ren)'s school.

Sincerely,
Chicago Public Schools

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 social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservation (FDPIR) case number or other FDPIR identifier for your child or when you indicate 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, and Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

CPS HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS 2009-2010

USE BLUE OR BLACK INK. (USE TINTA AZUL O NEGRA)

School Name (Escuela):

PRINT NEATLY (ESCRIBA CLARAMENTE CON LETRA DE MOLDE)

Part 1 – STUDENT INFORMATION (Información del Estudiante) ** REQUIRED (REQUERIDA)**

List all Chicago Public School Students living with you. (Indique los niños que asisten a la misma Escuela Pública de Chicago que viven con usted.)

Student ID Number (N° de Identificación del Estudiante)	Last (Apellido)	CPS Student Name First (Nombre) MI (Inicial)	Date of Birth (Fecha de Nacimiento)	Grade (Grado)
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Part 2: SNAP (previously called Food Stamps) / TANF

Number (go to step 6)
(N° SNAP (anteriormente llamado Cupones para Alimentos) / TANF (pase al n°6))

DHS Case Number Número del Caso del DHS									

Part 3 – Homeless, Migrant, Runaway Child, or child enrolled in Head Start
(Niño sin Hogar, Emigrante, Fugitivo o Niño en el programa Head Start)

Homeless Migrant Runaway Head Start

HMR Signature: _____ Date: _____

Part 4 – Foster Child Complete ONLY if student is a foster child. Use a separate application for each foster child. (Use una solicitud para cada hijo de crianza)

Check here if this application is for a child who is the legal responsibility of a welfare agency or court. (Marque aquí si esta solicitud es para un niño que está bajo la responsabilidad legal de una agencia de asistencia social o la corte.)

Write the child's monthly personal use income (Indique la cantidad de ingresos de los que el niño dispone mensualmente para su uso personal.)

\$

Part 5 – Household Members and Income (SKIP THIS if you answered any of steps 2, 3, or 4) List all household members. Enter the amount of income and how often it is received for each household member. (Nombres de todos los miembros de su hogar. Para cada uno, indique sus ingresos y cada cuánto los recibe. DEJE EN BLANCO si ha contestado Secciones 2, 3 ó 4 de esta solicitud.)

Frequency / Frecuencia: Weekly (Semanalmente) Every 2 Weeks (Cada dos semanas) Twice Monthly (Dos veces al mes) Monthly (Mensualmente) Annually (Anualmente)

Household Member Name First (Nombre) MI Last (Apellido)	No Income? <input type="checkbox"/>	Gross Income (before deductions) (Ingresos Brutos)	Welfare, Child Support, Alimony (Ayudas Sociales, Pensiones Infantiles o Pensiones Alimenticias)					Retirement, Social Security, Pensions (Pensiones, Jubilación, Seguro Social)					All Other Income (Worker's Comp, SSI, Unemployment, Temporary...) (Todo Otro Ingreso)				
			Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
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	<input type="checkbox"/>	\$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SSN for adult signing this application (N° de Seguro Social del adulto que firma esta solicitud): - -

I do not have a Social Security Number (No tengo número de Seguro Social)

Part 6 – Signature & Contact Information (Firma)

I certify that all above information is true and all income is reported. I understand the school will get Federal funds based on the information I give; that school officials may verify the information; and that if I purposely give false information, my children may lose meal benefits and I may be prosecuted. (Certifico que toda la información indicada arriba es verdadera y que he reportado todos nuestros ingresos. Entiendo que la escuela recibirá fondos del gobierno federal basado en la información que doy; que los funcionarios escolares puedan verificar la información y si doy información falsa intencionalmente, mis hijos pueden perder los beneficios para comidas gratis o a precio reducido y que me pueden llevar a juicio.)

Signature of adult household member (Firma del miembro adulto del hogar)

Parent / Guardian First Name (Nombre del Adulto del Hogar)

Parent / Guardian Last Name (Apellido del Adulto del Hogar)

Address (Dirección postal o de domicilio)

Zip Code (Código Postal)

Daytime Phone (N° telefónico durante el día)

Date (Fecha)

**See Back Side (Part 7) for Other Benefits!
(Ver otros beneficios atrás...)**

Part 7 – Opt Out of information about other benefits. (Otros Beneficios)

NO! I **do not** want information from my household Eligibility Application shared with the ALL KIDS program. *No! **No deseo** compartir información en esta solicitud con el Programa All Kids.*

NO! I **do not** want information from this application shared with SNAP (previously called Food Stamps). *No! **No deseo** compartir información en esta solicitud con el Programa SNAP (anteriormente llamado Cupones para Alimentos).*

Signature (Firma):

INSTRUCTIONS FOR APPLYING

Part 1: Print school name, List child(ren)'s name, Student ID (if available), Date of Birth (optional), Grade (Attach another sheet of paper if necessary).

Part 2: *SKIP THIS SECTION IF* your household **does not** receive SNAP (previously called Food Stamps) OR TANF. Otherwise: List SNAP (previously called Food Stamp) or TANF case number(s). Do not enter your Medicaid account number.

Part 3: *SKIP THIS SECTION IF* you are **NOT** applying for a HOMELESS, MIGRANT, RUNAWAY, or Head Start Child. Otherwise: Check the appropriate box, obtain date and signature of Homeless, Migrant, or Runaway Liaison/Coordinator.

Part 4: *SKIP THIS SECTION IF* you are **NOT** applying for a FOSTER CHILD. Otherwise: Check the box and list the child's personal use monthly income (if any). **Use a separate application for each foster child.**

Part 5: *SKIP THIS SECTION IF* your household receives SNAP (previously called Food Stamps) OR TANF, or is applying for a homeless, runaway, migrant or foster child.

Follow these instructions if you are applying based on total household income:

Column 1 Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. (Attach another sheet of paper if necessary).

Column 2 If No Income, fill in box: If the person does not have any income, check the box.

Columns 3, 4, 5, & 6 Gross Income Amounts and Frequency: The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person received from these sources. Round to the nearest dollar. **All** sources of income should be noted on this application.

Next to each amount fill in the circle that indicates how often the person received their stated income (weekly, every other week, twice a month, monthly, or annually).

Report net income for self-owned business, farm, or rental income, but if you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Social Security Number: Income-based applications must include the SSN of the adult signing the application. Check the box if the adult does not have a social security number.

Part 6: An adult household member **must** sign the form.

Part 7: If you are **not** interested in sharing application information with All Kids (health care) or SNAP (previously called Food Stamp) agencies, check the appropriate box(es) and sign (optional).

INSTRUCCIONES PARA LLENAR LA SOLICITUD

Sección 1: Escriba el nombre de la Escuela, escriba el nombre de cada alumno(a), el número de identificación del alumno(a) (si esta disponible), su fecha de nacimiento (optativo), y grado (puede adjuntar una hoja adicional).

Sección 2: *DEJE EN BLANCO ESTA SECCIÓN **Si este hogar NO recibe** beneficios SNAP (anteriormente llamado Cupones para Alimentos) o TANF. **Si los recibe:*** Escriba los números de casos correspondientes. No escriba su número de cuenta de la tarjeta médica.

Sección 3: *DEJE EN BLANCO ESTA SECCIÓN **SI esta solicitud NO es para un(a) NIÑO(A) SIN HOGAR, EMIGRANTE, FUGITIVO(A) o NIÑO EN EL PROGRAMA HEAD START. **Si la es:***** Marque el cuadrado que corresponda y obtenga la firma y fecha del coordinador escolar de alumnos sin hogar, emigrantes o fugitivos.

Sección 4: *DEJE EN BLANCO ESTA SECCIÓN **SI esta solicitud NO es para un HIJO DE CRIANZA. **Si la es:***** Marque el cuadrado y escriba la cantidad de ingreso mensual para uso personal de(l) (la) niño(a) (si tiene alguno). **Use una aplicación separada para cada niño de crianza.**

Sección 5: *DEJE EN BLANCO ESTA SECCIÓN **SI en su hogar reciben beneficios SNAP (anteriormente llamado Cupones para Alimentos) o TANF, o esta solicitud es para un(a) niño(a) sin hogar, emigrante, fugitivo(a), o un hijo de crianza.***

Siga las siguientes instrucciones si usted está aplicando basado en el ingreso total de su hogar:

Columna 1 Nombre: Escriba el nombre y apellido de cada persona que vive en su hogar, pariente o no (tales como abuelos, otros parientes o amigos). Usted debe incluirse a si mismo y a todos los niños viviendo con usted. (Si es necesario, puede adjuntar una hoja adicional).

Columna 2 Si no hay ingresos, marque el cuadrado: Si la persona no tiene ingresos marque el cuadrado.

Columnas 3, 4, 5 & 6 Ingreso bruto actual y cada cuánto es recibido: El Ingreso bruto es la cantidad a recibir antes de restar la deducción de impuestos. Debe de estar anotada en el talón del cheque de pago. Esto no es lo mismo que el dinero que se lleva a la casa. Escriba la cantidad que cada persona recibe de estas fuentes de ingreso. No incluya los centavos. **Todas** las fuentes de ingresos deben de ser anotadas en esta aplicación.

Al lado de la cantidad, marque el cuadrado que indica la frecuencia con que la persona recibe el ingreso, indicado si es semanalmente, cada dos semanas, dos veces por mes, mensualmente o anualmente.

Informe el ingreso neto de cualquier negocio propio, granja o ingresos por alquiler, pero si usted lo recibe de la Military Housing Privatization Initiative, no incluya este último ingreso.

Número de Seguro Social: Las aplicaciones basadas en ingresos deben incluir el **Número de Seguro Social** del adulto que firma la aplicación. Marque el cuadrado si el adulto no tiene número de seguro social.

Sección 6: Un miembro adulto del hogar **debe** firmar la solicitud.

Sección 7: Si **no** le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque (el)(los) cuadrado(s) correspondiente(s) y firme (optativo).

SCHOOL USE ONLY

Income Calculation

Annual Income Conversion: Weekly x 52, Every 2 Weeks X 26, Twice Monthly x 24, Monthly x 12

<input type="text"/>	Total Household Size	<input type="text"/>	Annual Household Income
\$	Total Income Per: <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month		

Date Received: _____

Signature of Determining Official: _____ Date: _____

Initial Determination

- FREE
 REDUCED
 TEMPORARY / FREE (45 days)
 TEMPORARY / REDUCED (45 days)

TEMPORARY APPROVAL DATE

- DENIED Reason: INCOMPLETE INCOME TOO HIGH BAD CASE #

Status Based On:

- SNAP (PREVIOUSLY CALLED FOOD STAMPS) TANF
 INCOME HOMELESS
 MIGRANT RUNAWAY
 FOSTER CHILD

CONFIRMATION (Prior to verification and Only for those applications selected for verification)

Signature of Confirming Official:

Date: