

Shawn M. Olson, Ed.D.

*Assistant
Superintendent*

Michael L. Andreshak

*Director of
Business Services*



KIRBY SCHOOL DISTRICT 140

Julia L. Mikulich

Superintendent

Mary T. Dwyer

*Director of
Special Services*

Kristine L. Roth, Ed.D.

*Director of
Curriculum*

To: Parent or Guardian

From: Michael L. Andreshak
Director of Business Services

Re: **Free Milk/Lunch & Student Fee Waivers**

If you are going to apply for the Free Milk and Lunch and Fee Waiver, **please fill out the attached forms and return them to the Administration Building after July 1st** along with the following documentation.

- If you are receiving **SNAP (Supplemental Nutrition Assistance Program)** or **TANF (Temporary Assistance for Needy Families)**, documentation must be provided as proof of receiving assistance. A copy of a letter from the Department of Human Services showing the student(s) name, current address and a valid case number must be attached to the application. Medical cards do not show proof of receiving SNAP or TANF, therefore **medical cards do not qualify the student for Free Milk/Lunch and the Fee Waiver.**
- If your student is a **foster child** you must provide the Business Office with official documentation from the agency sponsoring the child.
- If you are claiming **low income**, a copy of your most recent income tax form in which all household members are claimed must be attached to your application along with any W-2's or other documentation that indicate the amount of money your household receives from each source of income (including, but not limited to, Paycheck Stubs, Social Security, Pensions, Unemployment, Disability, Workers' Compensation, Welfare Payments, Child Support, Alimony and Rental Income) for each person in the household receiving income.

In accordance with the Policy of the Board of Education, the Fee Waiver includes all charges for required instructional materials, charges for required field trips, gym suits, school locks, and graduations fees. The Waiver does not include library fines, lost or damaged book fees, yearbook fees, charges for school pictures, admission to school social events and transportation fees.

You will be notified when your application is approved. If for some reason your application is not approved, you will also be notified.

FREE MILK/LUNCH APPLICATION

1. All Household Members

Names of all household members (First, Middle Initial, Last)	School Name (for students only)	Grade (for students only)	SNAP or TANF case # (if any). Skip to Part 4 if you list a SNAP or TANF case #												Check if No Income	Check if Foster Child	

2. Total Household Gross Income (before deductions)—You must tell us how much and how often

Names (List all household members with incomes)	Gross income and how often it was received (Example: \$100/month; \$100 twice a month, \$100 every other week, \$100 every week)							
	Earnings from Work (before deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Workers' Comp., Unemployment, SSI, etc.(all other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

3. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Social Security Number: x x x- x x- _____ I do not have a Social Security Number

4. Contact Information (Optional)

Home Phone _____ Cell Phone _____ Home Address _____

5. Children's racial and ethnic identities (Optional)

- Mark one 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

<i>~School Use Only~</i>	
Total Income: _____	Household size: _____
Eligibility: Free ___ Denied ___ Reason: _____	
Director of Business Services' Signature: _____	Date: _____

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD

- **If your household receives SNAP or TANF Benefits, follow these instructions:**

Section 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.

Section 2: Skip this section.

Section 3: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Sections 4 & 5: Answer these questions if you choose to. (Optional)

- **If you are applying for a foster child, follow these instructions:**

Section 1: List all household members, school and grade for each student. Check the "Foster Child" box for each foster child.

Section 2: Skip this section.

Section 3: Sign the form. (The last four digits for a Social Security Number are not necessary.)

Sections 4 & 5: Answer these questions if you choose to. (Optional)

- **All other households including WIC households, follow these instructions:**

Section 1: List all household members and the school and grade for each student. For any person, including children, with no income, you must check the "No income" box.

Section 2: Follow these instructions to report total household income.

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. You must tell us how often the money is received – weekly, every other week, twice a month, monthly or yearly. 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. For other income, list the amount each person got 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 Workers' Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income.

Section 3: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if he/she doesn't have one).

Sections 4 & 5: Answer these questions if you choose to. (Optional)

KIRBY SCHOOL DISTRICT 140

Tinley Park, IL 60477

FREE MILK/LUNCH & FEE WAIVER APPROVAL FORM

Student's Name: _____ Grade: _____ School: _____

Free Milk & Lunch Milk only Lunch only Milk preference: White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Milk & Lunch Milk only Lunch only Milk preference: White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Milk & Lunch Milk only Lunch only Milk preference: White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Milk & Lunch Milk only Lunch only Milk preference: White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Milk & Lunch Milk only Lunch only Milk preference: White Chocolate

If you do not want your student(s) to receive the free lunch and you will be providing them with their own lunch, please check the box below.

I do not need the free lunch and will provide the above named child(ren) with a lunch.

Parent or Guardian Name

Signature

Date

For School Use Only – Do Not Fill Out

Free Milk/Lunch Approved

Free Milk/Lunch Not Approved

Fee Waiver Approved

Fee Waiver Not Approved

_____*insufficient proof of food stamps*
_____*income over eligibility guidelines*
_____*incomplete application*

Director of Business Services' Signature

Date

The free milk and/or lunch is scheduled to begin on _____. If at any time your student no longer wishes to receive the free lunch, please contact your student's school.