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**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 64 PARK RIDGE-NILES**

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164 S. Prospect Avenue

Park Ridge, IL 60068-4079

PHONE: (847) 318-4300

FAX: (847) 318-4351

www.d64.org

August, 2016

Dear Parent or Guardian:

Community Consolidated School District 64 serves free meals each school day to qualifying students:

- \* If you now receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) for your child(ren), your child(ren) can receive free milk/meals.
- \* If your total household income is the same or less than the amounts on the Income Chart below, your child(ren) can receive free meals.
- \* A foster child may receive free meals regardless of your income.

You may apply for free meals anytime during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed, or receive SNAP or TANF for your child(ren), complete an application then.

**TO RECEIVE FREE MEALS FOR YOUR CHILD, YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL OFFICE. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.**

**ILLINOIS INCOME GUIDELINES  
(Effective from July 1, 2016 to June 30, 2017)**

<u>Family Size</u>	<u>Level for Free Meals</u>		
	<u>Year</u>	<u>Month</u>	<u>Week</u>
1.....	\$15,444	1,287	297
2.....	20,826	1,736	401
3.....	26,208	2,184	504
4.....	31,590	2,633	608
5.....	36,972	3,081	711
6.....	42,354	3,530	815
7.....	47,749	3,980	919
8.....	53,157	4,430	1,023
Each additional family member .....	+5,408	+451	+104

CARPENTER  
SCHOOL  
300 N. Hamlin  
Park Ridge, Illinois  
(847) 318-4370

FIELD  
SCHOOL  
707 N. Wisner  
Park Ridge, Illinois  
(847) 318-4385

FRANKLIN  
SCHOOL  
2401 Manor Ln  
Park Ridge, Illinois  
(847) 318-4390

ROOSEVELT  
SCHOOL  
1001 S. Fairview  
Park Ridge, Illinois  
(847) 318-4235

JEFFERSON  
SCHOOL  
8200 Greendale  
Niles, Illinois  
(847) 318-5360

WASHINGTON  
SCHOOL  
1500 W. Stewart  
Park Ridge, Illinois  
(847) 318-4360

LINCOLN  
MIDDLE SCHOOL  
200 S. Lincoln  
Park Ridge, Illinois  
(847) 318-4215

EMERSON  
MIDDLE SCHOOL  
8101 N. Cumberland  
Niles, Illinois  
(847) 318-8110



**HOW TO APPLY:** If you now receive SNAP or TANF for the child(ren) you are applying for, the application must have the child(ren)'s names, a SNAP or TANF case number (**Link card & medical card number cannot be used.**) for each child(ren), and the signature of an adult household member. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, and an adult signature. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the child(ren)'s names, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member and that adult's last four social security numbers or the word "none" if the adult does not have a social security number.

**OTHER INFORMATION:**

**FAIR HEARING:** You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing: Joel Martin, Assistant Superintendent for Human Resources, 164 South Prospect Avenue, Park Ridge, IL 60068, (847) 318-4300.

**CONFIDENTIALITY:** School officials use the information on the application only to decide if your child(ren) should receive free meals. This information may also be used to determine if your child(ren) may be eligible for other program services such as free textbooks from within the school district or public services from outside the school district.

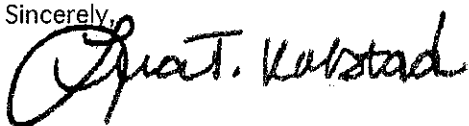
**MEAL SUBSTITUTION:** If a child has been determined by a doctor to have a disability and the disability would prevent the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge to the meal. If you believe your child needs substitutions because of a disability, please get in touch with us for further information.

**RACIAL/ETHNIC IDENTITY, CONTACT INFORMATION, AND ALL KIDS:** You are not required to complete these sections to receive free or reduced-price meals. A parent or legal guardian must mark the box and sign if you elect not to allow school officials to share the application information with All Kids.

In accordance with Federal law and U.S. Dept. 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 Ave., 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.

We will let you know when your application is approved or denied.

Sincerely,



Luann Kolstad  
Chief School Business Official

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**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 INSTRUCTIONS 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. 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.
- 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 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.

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

ISBE 68-03 NSSTAP Application Instructions (5/16)