

To apply for free meals, complete this application, sign your name and return the application to the sponsor. Complete one application per household. Call the sponsor if you need help. (Sponsor telephone number including area code: _____ / _____ - _____)

1 CHILDREN FOR WHOM APPLICATION IS MADE

NAME (First and Last)

2 LIST EACH CHILD'S SNAP OR TANF CASE NUMBER, IF ANY

AGE

SNAP NUMBER OR TANF NUMBER

3 FOSTER CHILD—If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal-use monthly income: \$ _____. Write "0" if the child does not have a personal-use income. Complete a separate application for each foster child.

If you gave a SNAP or TANF case number or are applying for a foster child, skip to 5.

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME (before deductions):

NAMES OF ALL HOUSEHOLD MEMBERS	Gross Monthly Earnings* (Before Deductions)		Monthly Welfare Payments, Child Support, Alimony	Monthly Payments From Pensions, Retirement, Social Security	Other Monthly Benefits (Workman Compensation, Strike Benefits, Unemployment Benefits)	Other Cash Income (Savings, Investments, Trusts, Other Resources)	Check if No Income
	Job 1	Job 2					
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	\$	\$	<input type="checkbox"/>

*Net income can be used for anyone self-employed as long as cost records are maintained.

5 SIGNATURE AND SOCIAL SECURITY NUMBER:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that the sponsor, Illinois State Board of Education, or the Office of Inspector General may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

_____-_____-_____
 Social Security Number**

 Date

 Printed Name of Adult Household Member

 Signature of Adult Household Member

I do not have a social security number.

6 RACIAL/ETHNIC IDENTITY: Please check the racial or ethnic identity of your child(ren). You are not required to answer this question.

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native Other

7 CONTACT INFORMATION:

 Work Phone

 Home Phone

 Home Address (Number, Street, City, State, Zip Code)

****PRIVACY ACT STATEMENT:** Unless you list the child's SNAP or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, the application cannot be approved. The social security number may be used to identify the household member in verifying the correctness of the information stated on the application. Verification may be conducted through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health, and nutrition programs. The social security number may also be disclosed to Medicaid and the State Children's Health Insurance Program for purposes of identifying and seeking to enroll eligible children in one of these health insurance programs.

Non-discrimination Statement: 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. This statement is the most current information available at this time. The updated information shows the TTY number has been replaced by the Federal Relay Service. The (800) 845-6136 number is for Spanish speaking individuals."

FOR SPONSOR USE ONLY

DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION

WEEKLY X 4.33

EVERY 2 WEEKS X 2.15

TWICE A MONTH X 2

ANNUAL INCOME ÷ 12

TOTAL HOUSEHOLD SIZE _____ Monthly Income \$ _____

SNAP

TANF

ELIGIBILITY DETERMINATION

Approved Free

Denied

REASON FOR DENIAL

Income too High

Incomplete Application

Other

Signature of Determining Official _____

Date _____

NOTES:

**SUMMER FOOD SERVICE PROGRAM
2011 Income Guidelines**

Family Size	Year	Month	Week
1	\$20,036	\$ 1,670	\$ 386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each Additional Family Member	6,919	577	134

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APPLICATION INSTRUCTIONS

To apply for **free meal services**, complete the application using the instructions for your household. Sign the application and return the application to the sponsor. Please complete a separate application for each foster child. Call the sponsor if you need help. (Sponsor telephone number including area code: _____/ _____ - _____.)

1 CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE 1.

1. Print the name or names of the child(ren) you are applying for.
2. List each child's age.

2 HOUSEHOLDS RECEIVING SNAP OR TANF: COMPLETE 1, 2, and 5 ONLY.

1. List a current SNAP or TANF case number for each child. **LINK CARD NUMBER CANNOT BE USED.**
2. SKIP TO **5**

3 HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE 1, 3, and 5 ONLY--A foster child is the legal responsibility of a welfare agency or court.

1. Check that the application is for a foster child.
2. List the foster child's monthly personal-use income. Write "0" if the foster child does not receive personal-use income. "Personal-use" income is (a) money given by the welfare office identified by category for the child's personal use such as for clothing, school fees, and allowances; and (b) all other money the child receives such as money from his/her family and money from the child's full-time or regular part-time jobs.
3. SKIP TO **5**

4 ALL OTHER HOUSEHOLDS: COMPLETE 1, 4, and 5 ONLY.

1. Write the names of everyone in your household, whether they receive income or not. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of income each household member received last month, before taxes or anything else is taken out and where it came from such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income.
3. To Figure Monthly Income: **Weekly** × 4.33 **Every 2 Weeks** × 2.15 **Twice a Month** × 2
4. SKIP TO **5**

5 SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

1. All applications must have the signature of an adult household member.
2. The application must have the social security number of the adult who signs. If the adult does not have a social security number, mark the box indicating "I do not have a social security number." A social security number is not required if you are applying with a SNAP or TANF case identification number or if you are applying for a foster child.

You are not required to complete numbers 6 and 7 to receive free meal services.

6 RACIAL/ETHNIC IDENTITY: Please check the racial and/or ethnic identity of your child(ren). We need this information to ensure everyone is treated fairly.

7 CONTACT INFORMATION: Provide your work and home phone number and address for contact purpose.

INCOME TO REPORT

EARNINGS FROM WORK

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

WELFARE/CHILD SUPPORT/ALIMONY

Public assistance payments
Welfare payments
Alimony/child support payments

PENSIONS/RETIREMENT/SOCIAL SECURITY

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

OTHER INCOME

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income