

2025 ISBE School Nutrition Training

Direct Certification and Certification
of Household Eligibility Applications

Roxanne Ramage



**CHILD NUTRITION
PROGRAMS**

 **ILLINOIS
STATE BOARD OF
EDUCATION**

Commonly Used Acronyms

HEA – Household Eligibility Application

IWAS - ISBE Web Application Security

LEA – Local Educational Agency

NSLP – National School Lunch Program

POS – Point of Service

SNAP - Supplemental Nutrition Assistance Program

SIS – Student Information System

TANF - Temporary Assistance to Needy Families

WINS – Web-based Illinois Nutrition System

Public Notification Requirements

- Near the beginning of each school year, the public must be notified that the National School Lunch Program, School Breakfast Program, and/or Special Milk Program are available in the school or school district.
- This notice must include the Income Eligibility Guidelines for free and reduced-price meals and/or free milk.
- The public announcement must be provided to the local news media.
- The Illinois State Board of Education submits a statewide public announcement on behalf of all participating sponsors annually.
- Copies of the public announcement must be made available upon request to any interested person.
- A prototype is available online.

Public Notification Requirements

- Local education agencies (LEAs) must submit public announcements to local employment offices and major employers contemplating large layoffs in the attendance area of the school.
 - Maintain such documentation locally for an administrative review.
- When submitting a public announcement for print, LEAs should request the announcement be free of charge.

Carryover of Previous Year's Eligibility

- Schools are required to carryover eligibility from the previous year for 30 operating days into the subsequent school year or until a new determination has been made, whichever comes first.
- Although schools are NOT required to notify households that carryover period has ended, we have a sample form and recommend that you do.
- Household is responsible for any meal charges incurred until new application is received and approved. Refer to your Local school policy on charging meals.

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click Print button.

NOTIFICATION THAT THE REQUIRED CARRYOVER PERIOD IS ENDING SOON

Dear Parent or Guardian:

Your eligibility status for free meals or milk or reduced-price meals is based on the Meal/milk benefits for the child(ren) listed below will end when the required carry over period ends on _____.

Insert Names of Child(ren)

Please note that we are unable to provide further meal/milk benefits unless you required information for the current school year. Please complete and submit the possible so your new eligibility may be determined.

You may reapply at any time during the school year if you believe a change in circumstances may make you eligible (such as a decrease in household income, an increase in household members, or a household wage earner becomes unemployed).

If you do not agree with the decision, or would like further clarification, please contact the school at the contact information below.

Name	
Address	Telephone Number

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) policy, it is prohibited from discriminating on the basis of race, color, national origin, sex (including disability, age, or reprisal or retaliation for prior civil rights activity).

Program information may be made available in languages other than English. Please contact the responsible state or local agency that administers the program or USDA's TARGET Center for Technical Assistance at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027 which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/AD-3027-0002-508-11-26-17FaxMail.pdf>, from any USDA office, by calling (866) 672-6428, or by writing to the Assistant Secretary for Civil Rights (ASCR), U.S. Department of Agriculture, Washington, D.C. 20250-9410; or by email at program.intake@usda.gov. The letter must contain the complainant's name, address, telephone number, and action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) of the basis of the complaint. The completed AD-3027 form or letter must be submitted 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; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax: (833) 256-1665 or (202) 690-7442; or

3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Enclosure

Sincerely,

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click Print button.

NOTIFICATION THAT THE REQUIRED CARRYOVER PERIOD IS ENDING SOON

Dear Parent or Guardian:

Your eligibility status for free meals or milk or reduced-price meals is based on the prior school year's application for meal/milk benefits. Meal/milk benefits for the child(ren) listed below will end when the required carry over period ends on _____.

(Specify date-must be 30 operating days from the start of your school year.)

Insert Names of Child(ren)

Please note that we are unable to provide further meal/milk benefits unless you complete a Household Eligibility Application with the required information for the current school year. Please complete and submit the enclosed Household Eligibility Application as soon as possible so your new eligibility may be determined.

You may reapply at any time during the school year if you believe a change in circumstances may make you eligible (such as a decrease in household income, an increase in household members, or a household wage earner becomes unemployed).

If you do not agree with the decision, or would like further clarification, please contact the school at the contact information below.

Name	Title
Address	Telephone Number (include Area Code)

Full-Year Eligibility


- Once Eligibility is determined, whether direct certification or via HEA, that eligibility remains in effect for the rest of that school year and for carryover into the subsequent school year.
- Households are NOT required to report changes in income, household size, receipt of benefits, or homeless/migrant status.
- Exceptions to full-year eligibility occur when:
 - The initial eligibility determination was incorrect, maybe due to a confirmation review or audit/review.
 - Verification of household eligibility does not support the level of benefits for which the household was approved.

Effective Date of Eligibility

- In WINS, Click on *Sponsor Application & Participation*, then *Questionnaire*, then *Effective Date of Eligibility*.
- Determined at the LEA/Sponsor/SFA level for all sites.

WINS
Web-based Illinois Nutrition System

Organization: Ball Chatham CUSD 5 Type: Questionnaire
RCDT: 51-084-0050-26 Status: Completed
Program Year: 2025 Program: SNP



SNP Sponsor Questionnaire

Sponsor Information

Determining And Hearing Official Designation

School Nutrition Program Director

Civil Rights

Effective Date of Eligibility

Policy Statement

Permanent Agreement

Summary

Effective Date of Eligibility

1. Each SFA now has a choice regarding the effective date of eligibility for both traditional household eligibility applications and direct certification. Please select one.

☒ **Application Approval Date or Direct Certification Access Dates** - A student's meal benefits are effective the date the Determining Official reviews and approves the household eligibility application. Benefits provided through direct certification are effective the access date of the file in WINS.

☐ **Application Submission Date or Direct Certification Effective Date** - A student's meal benefits are effective the date the SFA receives the household eligibility application from the household. If choosing this option, the SFA will need to have a method in which to indicate the "received Date". Benefits provided through direct certification are effective the first day of the month regardless of when the file is accessed. Refunds of meal payments may be required.

☐ **Not Applicable** - Eligibility Determinations are not made. (This may be due to Community Eligibility Provision (CEP) participation or Special Milk (paid option).)

Previous Next

How Are Meal Benefits Determined?

- **Direct Certification**

- Certification of SNAP/TANF/Income-eligible Federal Medicaid(Free and Reduced Price)/Foster Child AND Homeless/Migrant/Head Start benefits via *Electronic Direct Certification System*

OR

- **Categorical Eligibility**

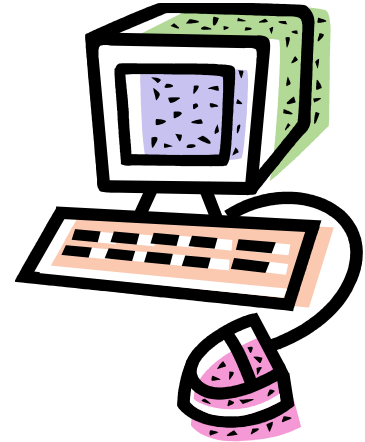
- Homeless, migrant, runaway, foster child or Head Start listing

OR

- **Household Eligibility Application (HEA)**

- SNAP/TANF application
- Income application
- Foster child application

Overview of the Electronic Direct Certification System



- The *Electronic Direct Certification System* contains confidential data.
- You must have a login name and password to *IWAS* to access *WINS*.
- Access is ONLY provided to schools/districts participating in the National School Lunch/School Breakfast Program.
- The *Electronic Direct Certification System* is available from the main dashboard in *WINS*.
- All rules and regulations regarding the use of this data including confidentiality and disclosure must be followed.

WINS MAIN DASHBOARD



Sponsor Lookup

Name / RCDT / City / Address / Zip

51084186025

Program

School Nutrition Programs

Program Year

2026

Search

✖ Your application is not complete.

Alerts

[-]

No Sponsor alerts. Please use the Show Existing Site Alerts link below.

[Show existing site alerts](#)

Comments/Notes

[-]

Canceled - unable to conduct in thi...

[View](#)

WINS not used in this program year

[View](#)

WINS not used in this program year

[View](#)

[Show existing site notes](#)

Springfield SD 186 (51-084-1860-25)

[+Add Contact](#)
[+Add Address](#)

Administrative Tasks

Sponsor Tasks

- [Batch Daily Meal Counts](#)
- [Batch Participation Detail](#)
- [Batch Site Questionnaire](#)
- [Batch Site Participation](#)
- [Is Community Eligibility Provision \(CEP\) for you?](#)
- [CEP Group Information](#)
- [+ Add New Site](#)
- [✖ Deactivate/Re-activate Site\(s\)](#)
- [✖ Deactivate Sponsor](#)
- [⚠ Review Citation Responses](#)
- [☰ Waivers](#)

Site Application Tasks

- [✍ Enroll Site In New Program](#)
- [✍ Edit Site Questionnaire](#)
- [✍ Edit Program Participation](#)
- [✍ Edit Participation Detail](#)

Reports

- [📊 Applications Not Received](#)
- [🔗 Direct Certification](#)
- [🗑 Deleted Sites](#)
- [📄 Claim Data Report](#)
- [📄 Summary Reports - Applications Submitted for Sponsor](#)
- [📄 Summary Reports - Applications Submitted for Sites](#)
- [📄 Summary Reports - List of Sites and Applications Submitted](#)

Budget

No WINS Budgets required.

Have questions or need help? Contact our Call Center (217)558-3600 between 8:00am - 5:00pm CST, Monday - Friday or [Click here to Contact Us](#)

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Direct Certification in Illinois

Direct Certification is conducted through a partnership between the ISBE and the following:

- Illinois Department of Human Services (IDHS) for **SNAP and TANF records**,
- Illinois Department of Healthcare and Family Services (HFS) for **income-eligible Federal Medicaid records** and
- Illinois Department of Children and Family Services (DCFS) for **foster children records**.

What is Direct Certification?

- Direct Certification is the process when LEAs certify children who are members of households receiving assistance under the SNAP, TANF, income eligible Federal Medicaid or Foster Children as eligible for free or reduced-price school meals/milk based on agency records. Added Homeless, Migrant, and Head Start reports via SIS for Public Schools Only.
- Households in which students are directly certified are NOT required to complete the Household Eligibility Application to receive free or reduced-price meal/milk benefits.
- Via extension of meal benefits, if any member of the household is eligible for SNAP/TANF/Income Eligible Federal Medicaid (free and reduced-price) benefits, all students in that household are eligible for free or reduced-price meal/milk benefits.
 - Extension of benefits is NOT allowed for Foster Child, Homeless, Migrant or Head Start status.
- Students directly certified for free or reduced-price school meal/milk benefits are eligible for the entire school year and are not subject to verification requirements.

Frequency of Direct Certification

- Direct Certification is a requirement for LEAs participating in NSLP and must be conducted at least three times annually per USDA as follows:
 1. at or around the beginning of the school year,
 2. three months after the initial effort, and
 3. six months after the initial effort.
- ISBE recommends that all sponsors (Public and Non-public) access the *Electronic Direct Certification System* monthly to maximize direct certification and lessen administrative paperwork!

Eligibility Process (Step 1-6)

Step One:

- Begin July 1 Annually
- Maximize Direct Certification
 - Access and process the July Annual File or complete Upload of Enrollment File
 - Could also include August File, depending on start date of school and preference
 - Extend benefits if SNAP, TANF or Income Eligible Federal Medicaid (free and reduced-price eligible)

Step Two:

- Notify households directly certified for free or reduced-price meals benefits.

Step Three:

- Distribute a HEA (Letter to Household, Application and Instructions) to all household not directly certified for meal benefits. If DC reduced, HEA is also required.

Eligibility Process (Step 1-6 continued)

Step Four:

- Process HEA according to USDA requirements within 10 days of receipt, providing meal benefits in accordance with your district's effective date of eligibility
- Continue to document directly certified students, if possible

Step Five:

- Notify all households who submitted HEA if approved or denied.

Step Six:

- Throughout the school year, access direct certification reports and process all submitted HEAs.

Direct Certification with Federal Medicaid

– Expansion to Reduced Price Eligibility


- Direct Certification matches include students eligible for both **FREE** and **REDUCED-PRICE** meal benefits based on their participation in Federal Medicaid at the appropriate income levels.
- Guidance posted at <https://www.isbe.net/Documents/DC-Medicaid-Reduced.pdf>
- **REDUCED-PRICE** matches will be on a separate downloadable export and print report via the Electronic Direct Certification system in WINS for NSLP/SBP schools.



Using Medicaid in Direct Certification

- This is ONLY available to NSLP/SBP participating sponsors.
- The addition of DC Federal Medicaid Reduced Price eligible students is to reduce administrative paperwork for eligible households and school staff.
- A Medicaid case number CANNOT be entered on a HEA and approved for meal benefits.
- Federal Medicaid is ONLY used for USDA meal benefit approval IF found in the ISBE Direct Certification System.

Electronic Direct Certification Home

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Board of Education**

[Home](#)
[Direct Certification](#)
SNAP/TANF/Free Medicaid
Reduced Medicaid
Homeless/Migrant/Headstart
File Upload Match
Single Child Match
[Direct Verification](#)
[Contact Us](#)
[Change RCDT](#)

Illinois State Board of Education
User Id: rramage RCDT: 51-084-1860-25 - Springfield Sch Dist 186

Welcome to the Illinois State Board of Education's Electronic Direct Certification System.

This system is used to certify a child to receive meal benefits for the USDA Child Nutrition Programs, based on information exchanged between other assistance programs without a household eligibility application completed by the household. LEAs participating in the National School Lunch Program are required to directly certify children for free meal benefits found in this system. If a child is directly certified for meal benefits, verification is not required. The local educational agency (LEA) agrees to follow all rules and regulations regarding the use of this data including confidentiality and disclosure as detailed in the School-Based Child Nutrition Programs Permanent Agreement.

Data sources currently being used for direct certification in Illinois includes:

- Supplemental Nutrition Assistance Program (SNAP),
- Temporary Assistance for Needy Families (TANF),
- Foster status,
- Income-Eligible Medicaid,
- Homeless,
- Migrant, and
- Head Start.

Direct Certification Home | ISBE HOME | LOGOUT
SESSION
TIMEOUT 18:11

Please refer to the Electronic Direct Certification section of the [Administrative Handbook](#) for complete

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST, Monday - Friday or Click here to Contact Us
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Electronic Direct Certification

- Annual/Monthly Match
 - *(Public School Districts ONLY)*
- Sponsor File Upload Match
 - *(ALL LEAs)*
- Single Child Lookup
 - *(ALL LEAs)*

Annual/Monthly Match

(Public School Districts ONLY)

- File available July 1st annually and each month thereafter
- File Type: *Annual/Monthly*
- The *Annual* file will identify the students that were enrolled in SIS (June Records) for your district that are receiving SNAP/TANF/Foster or Income Eligible Federal Medicaid benefits.
- Each Public School District will have **ONE** *Annual* File each school year.

































Annual/Monthly Match

(Public School Districts ONLY)

- The *Monthly* file will identify any new students that are enrolled in SIS (Current Month Records) that did NOT appear on the *Annual* file for your district that are receiving SNAP/TANF/income eligible Federal Medicaid/Foster child benefits.
- *Monthly* files will identify the number of matches found via this match. In some cases, this will be zero.
- Students on this report/file, currently enrolled in your district, are automatically eligible for free or reduced-price meals/milk, **regardless of the case ID number and the address listed on the file.**
- It is unlikely that ALL students on the file will be directly certified. For example, some students may NOT re-enroll in your district or may transfer schools. Some matches are close matches, and may not be an enrolled student.
- Public schools should access the *Monthly* file as close to the 1st of the month as possible.

[Home](#)
[Direct Certification](#)
[SNAP/TANF/Free Medicaid](#)
[Reduced Medicaid](#)
[Homeless/Migrant/Headstart](#)
[File Upload Match](#)
[Single Child Match](#)
[Direct Verification](#)
[Contact Us](#)

SNAP/TANF/Free Medicaid Monthly/Annual Match Files

File Type	Approximate Number of Records	Match Date	Access Date	Download	Print
Monthly	No matches found	06/01/2025		N/A	N/A
Monthly	9	05/01/2025			
Monthly	4	04/01/2025	04/01/2025		
Monthly	17	03/01/2025	03/03/2025		
Sponsor File	21	02/28/2025	02/28/2025		
Sponsor File	679	02/04/2025	02/04/2025		
Monthly	12	02/01/2025	02/03/2025		
Monthly	13	01/01/2025	01/06/2025		
Monthly	12	12/01/2024	12/02/2024		
Monthly	10	11/01/2024	11/01/2024		
Sponsor File	950	10/01/2024	10/01/2024		
Monthly	104	10/01/2024	10/01/2024		
Monthly	14	09/01/2024	09/03/2024		
Sponsor File	663	08/12/2024	08/12/2024		
Monthly	5	08/01/2024	08/01/2024		
Sponsor File	685	07/19/2024	07/19/2024		
Annual	762	07/01/2024	07/01/2024		



[Home](#)

[Direct Certification](#)

[SNAP/TANF/Free Medicaid](#)

[Reduced Medicaid](#)

[Homeless/Migrant/Headstart](#)

[File Upload Match](#)

[Single Child Match](#)

[Direct Verification](#)


[Contact Us](#)

Reduced Medicaid Monthly/Annual Match Files

File Type	Approximate Number of Records	Match Date	Access Date	Download	Print
Monthly	No matches found	06/01/2025		N/A	N/A
Monthly	9	05/01/2025			
Monthly	3	04/01/2025	04/01/2025		
Monthly	1	03/01/2025	03/03/2025		
Sponsor File	3	02/28/2025	02/28/2025		
Sponsor File	105	02/04/2025	02/04/2025		
Monthly	1	02/01/2025	02/03/2025		
Monthly	2	01/01/2025	01/06/2025		
Monthly	No matches found	12/01/2024		N/A	N/A
Monthly	2	11/01/2024	11/01/2024		
Sponsor File	111	10/01/2024	10/01/2024		
Monthly	16	10/01/2024	10/01/2024		
Monthly	2	09/01/2024	09/03/2024		
Sponsor File	124	08/12/2024	08/12/2024		
Monthly	No matches found	08/01/2024		N/A	N/A
Sponsor File	116	07/19/2024	07/19/2024		
Annual	127	07/01/2024	07/01/2024		

Homeless, Migrant, Head Start

- Only Available September 1 – June 30
- This is ONLY used to provide students in these categories that have NOT already been matched via SNAP, TANF, Income Eligible Federal Medicaid or Foster Student Status.
- This report can change nightly, based on SIS data submitted to ISBE.

**Illinois State Board of Education**

Illinois State Board of Education

User Id: rramage RCDT: 51-084-1860-25 - Springfield Sch Dist 186



[Home](#)
[Direct Certification](#)
[SNAP/TANF/MEDICAID](#)
[Homeless/Migrant/Headstart](#)
[File Upload Match](#)
[Single Child Match](#)
[CEP Validation File Match](#)
[Contact Us](#)
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Download File

As this feature utilizes data found in the Student Information System, this function is only available for PUBLIC SCHOOLS.

Each public school district LEA may access a current direct certification report for students categorized as homeless, migrant or Head Start within the Student Information System. This report must be printed and maintained as documentation of such statuses. Students found in this manner are directly certified for free meal benefits. There is no extension of benefits for Homeless, Migrant or Head Start eligibility status.

Homeless Migrant HeadStart

File Type	Approximate Number of Records	Description	Download	Print
HMHS	34	Homeless, Migrant, Headstart Students		

[here to Contact Us](#)
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Annual/Monthly Match (Public School Districts ONLY)

- Select PRINT – An Annual/Monthly Match Report is displayed.
- This Report **MUST** be printed and maintained to document eligibility status. Document may be **SAVED** electronically.
- The Eligibility of a student begins either the first day of the match month or the access date, depending on the district's selections for HEA effective dates.
- File also available for Download. See Admin Handbook for detailed instructions if needed for POS.

Sponsor Match (ALL LEAs)

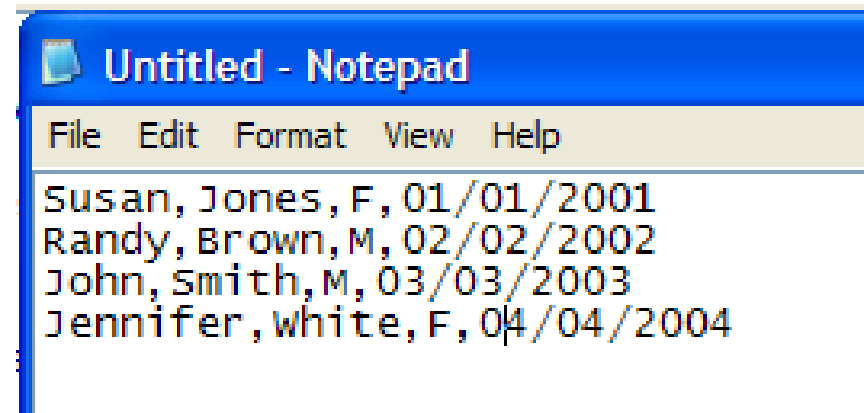
- Any LEA may upload a comma delimited file at any time.
- Each file must contain the following fields:
 - First Name,
 - Last Name,
 - Gender, (F-Female, M-Male)
 - Birth date (month/day/year, 01/17/2010)
- An optional 5th and 6th column of data may be added.
 - Such fields will be returned unchanged in the sponsor match file.
 - May be helpful to include SIS ID number, name of school, etc. for ease of matching to overall student file.
- Results will be displayed as File Type: *Sponsor File*

Sponsor Match (ALL LEAs)

- Results will identify the students included on the upload file that are receiving SNAP/TANF/income eligible Federal Medicaid/Foster Child benefits.
- Two Separate reports may be generated
 - Free
 - Reduced Price
- Students on this report/file may be directly certified for free or reduced-price meals/milk if the LEA determines that the students are enrolled in the school/school district.

What is a comma delimited file ?

- A file format that is used for uploading data to the *Electronic Direct Certification System*.
- A comma delimited file uses a comma to separate values.
 - Example:
Susan,Jones,F,01/01/2012
- See sample in Notepad below.
- More detailed information about comma delimited files and how to create one in both Notepad and Microsoft Excel are included in the *Guidance Document*.



```
File Edit Format View Help
Susan, Jones, F, 01/01/2001
Randy, Brown, M, 02/02/2002
John, Smith, M, 03/03/2003
Jennifer, White, F, 04/04/2004
```

Duplicate Matches for Same Student

- In some instances, a student might be found in one program file one month, and another program file another month. This is a duplicate student match.
- If this occurs, please use the following as the hierarchy of direct certification status:
 1. SNAP
 2. TANF
 3. Foster
 4. Income Eligible Medicaid FREE
 5. Income Eligible Medicaid REDUCED-PRICE



Single Child Lookup (ALL LEAs)

- LEA may search for a single student who may be receiving SNAP/TANF/Income Eligible Federal Medicaid/Foster Child benefits.
- An LEA may search First name, Last name, and City.
- A *Single Child Lookup Report* is available.
 - Please limit each report to 8 students!
 - There is no limit to the number of Single Child Reports that may be created.
- The option to download a file is NOT available for a Single Child Lookup.

Single Child Match

Name and Address Search



User Id: rramage RCDT:

Single Child Match

An LEA may look up a single student with the following search criteria:

1. first name, last name, and city.

When you look up a single child by Name and Address, the first and last name are required fields. The city is an optional field.

Lists with child(ren) that match exactly or that are close will appear. Each LEA must select the child(ren) that is (are) enrolled in their school by selecting Add to Report. When the LEA completes their search, select Edit Report to review the children names or Print Report to print the report for your records.

Search Criteria

First Name *

Last Name *

City

* required field

Search

Type of Search

☒ Name and Address ☐ Case Number

Search Criteria

First Name *
Last Name *
City

* required field

Search

Exact Matches

Name	Address	Birth Date	Sex	Case Number/Identifier	Assistance Source		
					Free Medicaid	Add To Report	EXACT
					SNAP	Add To Report	EXACT
					SNAP	Add To Report	EXACT
					Reduced Medicaid	Add To Report	EXACT
Total Exact Matches: 4							

Exact Match and Close Match

- **Exact Match** – All fields match.
- **Close Match** – One or more fields may be close matches or could “sound-like” the requested search.
- With **ALL** matches, the LEA makes a determination if the MATCH is the student enrolled in their school.
- If the LEA determines that the match is an enrolled student, free or reduced-price meal/milk benefits **MUST** be provided.
- If the LEA determines that the match is **NOT** an enrolled student, please indicate on the documentation. No further action is needed by the LEA. The household is **ALWAYS** offered the HEA to submit for meal benefits.

USDA Policy- Extending SNAP/TANF/Income Eligible Federal Medicaid Eligibility for Free or Reduced-Price Meal Benefits

- Extending eligibility means that ALL children or adults in the household who are participating in a Child Nutrition Program are categorically eligible for free or reduced-price meal/milk benefits if any household member (child or adult) is receiving SNAP/TANF/Income Eligible Federal Medicaid benefits.
- **NOTE:** The *Electronic Direct Certification System* contains only children aged 23 years old and younger.
- **NOTE:** Foster Child, Homeless, Migrant, and Head Start status is NOT extended to other students within the same household.

Required Notification to Households - FREE Eligibility

- The LEA must notify the household of the following:
 - The student(s) is eligible for free meal/milk benefits;
 - If student(s) residing in the same household are NOT included on the notice, they should contact the school to request an extension of free or reduced-price meal benefits to all students;
 - No further action is required. The household **DOES NOT** have to complete a Household Eligibility Application; and
 - If the household does not want free or reduced-price benefits for a directly certified student, how to notify the LEA.

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click Print button.

SAMPLE NOTIFICATION LETTER - DIRECT CERTIFICATION

Date: _____

Dear Parent/Guardian:

Each student identified below is automatically approved for free school meals for the current school year based on your eligibility for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Income Eligible Medicaid or Foster Child status.

Name of Student	Grade	Assistance Source	School Name

Please **do not** fill out a Household Eligibility Application for free or reduced price meals for the students listed above. This student(s) will receive free meals unless you notify us that you do not want to receive these benefits. If you do not want your child to receive free meal benefits please completely fill out the information in the box below and return to the school office no later than _____. (Insert Date)

If you have student(s) in your household who are not listed above, please contact this office at the telephone number provided below at your earliest convenience. A Household Eligibility Application is NOT needed; free meal benefits will be extended to all children residing in the same household except foster child status is for the foster child only.

☐ I DO NOT want my child(ren), as listed above, to receive free meal benefits.

 Date _____ Signature of Parent or Guardian _____

If any of the information listed above is incorrect, or you have any questions, please contact this office at (____) _____.

Name

Title

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

ISBE 69-15 (6/22)

[Print](#)
[Reset Form](#)


ISBE 69-15

https://www.isbe.net/Documents/69-15_dcs_sample.pdf

Sample Notification Letter: Direct Certification Medicaid Reduced Price Eligible

- ISBE Form 68-48
- Form posted in English and Spanish
- HEA must be provided with this notice.
- <https://www.isbe.net/Documents/DC-Medicaid-Reduced-Eligible-Letter-68-48.pdf>

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click Print button.

 **Illinois State Board of Education**
100 North First Street
Springfield, Illinois 62777-0001

**SAMPLE NOTIFICATION LETTER -
DIRECT CERTIFICATION MEDICAID
REDUCED PRICE ELIGIBLE**

NUTRITION DEPARTMENT

Date: _____

Dear Parent/Guardian:

Each student identified below is automatically approved for REDUCED-PRICE school meals for the current school year based on your eligibility for Income Eligible Medicaid.

Name of Student	Grade	Assistance Source	School Name

No further action is needed to receive reduced-price eligible meals at school for the enrolled students. If however, your household may qualify for free meals based on household size and income, please complete the Household Eligibility Application for free or reduced price meals enclosed. Once submitted, you will receive additional notification if the student(s) qualifies for greater benefits. If you do not want your child to receive reduced-price meal benefits please completely fill out the information in the box below and return to the school office no later than _____ (insert Date)

If you have student(s) in your household who are not listed above, please contact this office at the telephone number provided below at your earliest convenience. A Household Eligibility Application is NOT needed; reduced-price meal benefits will be extended to all children residing in the same household.

☐ I DO NOT want my child(ren), as listed above, to receive reduced-price meal benefits.

Date Signature of Parent or Guardian

If any of the information listed above is incorrect, or you have any questions, please contact this office at (_____) _____.

Name Title

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-Civil-Rights-2022-Complaint-Form-0908-2022-2026-11-28-177a2d4a1.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

Print Reset Form

ISBE 68-48 (8/22)

Maximizing the Direct Certification Numbers

- Access the system on a MONTHLY basis or more frequently.
- If a HEA with a SNAP/TANF number or a foster child application is submitted, the LEA should check the *Electronic Direct Certification System* for the student.
 - If found, direct certify the student (and any additional household members for SNAP/TANF/Income Eligible Federal Medicaid).
 - If not found, however, process the HEA at face value.

Important Note: HEA with Medicaid Case ID Numbers CANNOT be accepted under any circumstances.

How Are Meal Benefits Determined?

- **Direct Certification**

- Certification of SNAP/TANF/Income-eligible Federal Medicaid(Free and Reduced Price)/Foster Child AND Homeless/Migrant/Head Start benefits via *Electronic Direct Certification System*

OR

- **Categorical Eligibility**

- Homeless, migrant, runaway, foster child or Head Start listing

OR

- **Household Eligibility Application (HEA)**

- SNAP/TANF application
- Income application
- Foster child application

Categorical Eligibility—Head Start, Foster Child, Homeless, Migrant, and Runaway Children

Dated list with each child's name and signed by appropriate person

- Head Start director
- Foster Care Agency Director
- Homeless education liaison
- Shelter director
- Migrant education coordinator
- Runaway and homeless youth service provider

OR

Application with child's name and signature of appropriate person

How Are Meal Benefits Determined?

- Direct Certification
 - Certification of SNAP/TANF/Income-eligible Medicaid (free and reduced-price)/Foster Child AND Homeless/Migrant/Head Start benefits via *Electronic Direct Certification System*

OR

- Categorical Eligibility
 - Homeless, migrant, runaway, foster child or Head Start listing

OR

- Household Eligibility Application (HEA)
 - SNAP/TANF application
 - Income application
 - Foster child application

Distribution of the HEA

- The three (3) page HEA consists of:
 - Letter to Household,
 - Household Eligibility Application, and
 - Application Instructions.
- Each school year, at the beginning of school, each LEA should distribute the HEA to all households that are not directly certified for FREE meal benefits.
 - Students directly certified for REDUCED-PRICE meals via income eligible Medicaid must be provided an HEA.
- If the LEA accepts electronic applications, the LEA distributes a letter that provides directions to the household how to access the system to apply for meal benefits. This letter MUST state that any household may request a paper HEA and how.
- HEAs **CANNOT BE**
 - Sent home at the end of the school year for next year, or
 - Accepted and processed by the LEAs before the beginning of the federally defined school year which begins July 1.

Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last (for Student only) School Name (for Student) Grade

SCHOOL USE ONLY

☐ Check if Error Phone Application

SNAP OR TANF CASE NUMBER ONLY (If you list a SNAP or TANF case number, at least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.)

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)

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)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: ☐ Hispanic/Latino ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Not Hispanic/Latino ☐ White ☐ American Indian or Alaska Native

INITIAL DETERMINATION

Free based on: ☐ homeless ☐ migrant ☐ runaway ☐ Head Start

Reduced based on: ☐ SNAP or TANF ☐ foster child ☐ household's income

Denied—Reason: ☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF

Signature of Determining Official

ISRF 68-06 NSSTAP School Year 2024-2025 (6/24)

Print **Reset Form**

Household Eligibility Applications

Household Eligibility Applications

- Section 1 – All Household Members
 - Ensure all appropriate areas are complete
 - Check Annual or Monthly direct cert files – **Public Schools**
 - Regardless of whether a SNAP or TANF ID number is provided, use direct cert system, Single Child Match – **Public or Private Schools**

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.										SCHOOL USE ONLY	
1. All Household Members (Attach another sheet of paper if necessary.)										<input type="checkbox"/> Check if Error Prone Application	
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.								Check if Foster Child*
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

Household Eligibility Applications

- Section 2 – Homeless, Migrant, Runaway, Head Start
 - Remember, Direct Certification Report is now available to simplify documentation.
 - A household may mark one of these, but a signature of the appropriate liaison or coordinator is required for FREE meal benefits to be approved
 - Check Annual or Monthly direct cert files – **Public Schools**
 - Regardless of whether a SNAP or TANF ID number is provided, use direct cert system, Single Child Match – **Public or Private Schools**

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

Household Eligibility Applications

- Section 3 – Income Information
 - All household members with income must be included, and an amount AND frequency must be included

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., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

Household Eligibility Applications

- Section 4 – Signature/Social Security Number
 - A signature is required for ALL HEAs
 - Last 4 digits of the SSN or an indication of NO SSN is required for ALL INCOME HEAs

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

An adult household member must sign the application. If Part 3 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.

 X X X - X X -
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

Household Eligibility Applications

Section 5 and 6 are OPTIONAL

- Section 5 – Contact Information
- Section 6 – Racial/Ethnic Identity

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

HEA – School Use Information

- Initial Determination
 - Complete all appropriate information within 10 days of receipt, how or why application was approved or denied
 - SNAP/TANF; Income; Homeless, Migrant, Runaway, Head Start
- Ensure error-prone income applications are marked
- Signature of Determining Official

Error-Prone Guidelines

- Approved income applications that are:
 - Above or below FREE income guidelines; OR
 - Below REDUCED-PRICE income guidelines by the following amounts:
 - \$23.07/Week
 - \$46.15/Every two weeks
 - \$50/Twice per month
 - **\$100/Month**
 - \$1200/Annually

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)			SCHOOL USE ONLY	
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.	<input type="checkbox"/> Check if Error Prone Application Foster Child* <input type="checkbox"/>

Approving HEAs

- HEAs must be processed (approved or denied by the LEA) within ten (10) working days of receipt.
- The determining official must:
 - Indicate the eligibility determination
 - Sign each HEA
 - Date each HEA the day it is approved/denied
 - If approved, benefits may not be received prior to the date of approval.

– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –

INITIAL DETERMINATION

TOTAL INCOME \$ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: CHANGE IN STATUS: Date:

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

☐ **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
☐ Non-qualifying SNAP/TANF

Date Withdrawn:
Date:

Signature of Determining Official

ISBE 68-06 NSSTAP School Year 2024-2025 (6/24)

SNAP/TANF HEA

SNAP/TANF HEA must contain:

- Names of all household members including the child(ren) who will receive benefits
- Accurate SNAP/TANF case number (9 digit number) for at least one household member (child or adult) of the household. Applications with Medicaid case numbers are NOT accepted for meal benefits.
- Signature of an adult household member

NOTE: If a HEA with SNAP/TANF case number is submitted to an LEA, please check the Electronic Direct Certification System to determine if the student may be directly certified.

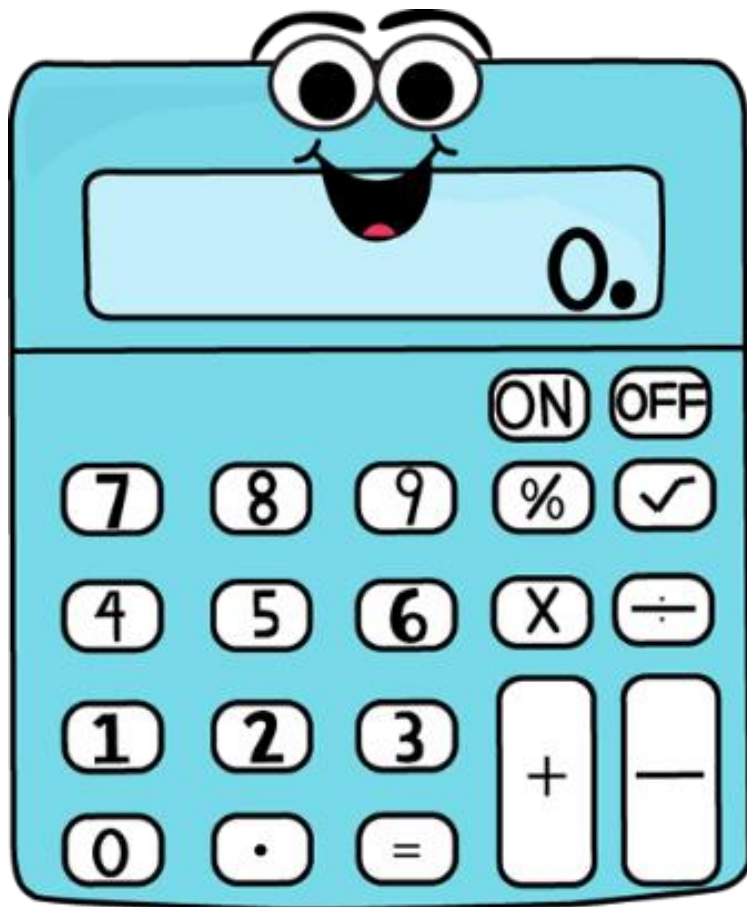
- If found, status should be FREE or REDUCED-PRICE based on direct certification.
- If NOT found, process HEA at face value.

Income Applications

- HEAs based on income must contain:
 - Names of all household members including the child(ren) who will receive benefits
 - All household members receiving incomes and the frequency of each income
 - Blank Income Section is processed as ZERO INCOME.
 - Signature and last 4 digits of the social security number of the adult household member signing the application
- Compare income to appropriate Income Eligibility Guidelines (IEGs).



Income Conversion



When income is reported on a HEA:

- If only one income is reported or all income at the same frequency (weekly, every two weeks, etc.), **DO NOT CONVERT**. Add the income amounts and compare to the IEGs.
- If incomes are received by the household at different intervals, **all income must be annualized**. Do not round converted income.
- Conversion Figures
 - Weekly X 52
 - Every two weeks X 26
 - Twice a month X 24
 - Monthly X12

FISCAL YEAR 2026 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2025, through June 30, 2026:

Income Eligibility Guidelines Effective from July 1, 2025, to June 30, 2026											
Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	20,345	1,696	848	783	392	1	28,953	2,413	1,207	1,114	557
2	27,495	2,292	1,146	1,058	529	2	39,128	3,261	1,631	1,505	753
3	34,645	2,888	1,444	1,333	667	3	49,303	4,109	2,055	1,897	949
4	41,795	3,483	1,742	1,608	804	4	59,478	4,957	2,479	2,288	1,144
5	48,945	4,079	2,040	1,883	942	5	69,653	5,805	2,903	2,679	1,340
6	56,095	4,675	2,338	2,158	1,079	6	79,828	6,653	3,327	3,071	1,536
7	63,245	5,271	2,636	2,433	1,217	7	90,003	7,501	3,751	3,462	1,731
8	70,395	5,867	2,934	2,708	1,354	8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	7,150	596	298	275	138	For each additional family member, add	10,175	848	424	392	196

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

ISBE 67-45 IEG26 (3/25)

<https://www.isbe.net/Documents/IEG-26.pdf>

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Income Eligibility Guidelines Effective from July 1, 2025, to June 30, 2026										
Free Meals 130% Federal Poverty Guideline						Reduced-Price Meals 185% Federal Poverty Guideline				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Weekly
1	20,345	1,696	848	783	392	1	28,953	2,413	1,207	557
2	27,495	2,292	1,146	1,058	529	2	39,128	3,261	1,631	753
3	34,645	2,888	1,444	1,333	667	3	49,303	4,109	2,055	949
4	41,795	3,483	1,742	1,608	804	4	59,478	4,957	2,479	1,144
5	48,945	4,079	2,040	1,883	942	5	69,653	5,805	2,903	1,340
6	56,095	4,675	2,338	2,158	1,079	6	79,828	6,653	3,327	1,536
7	63,245	5,271	2,636	2,433	1,217	7	90,003	7,501	3,751	1,731
8	70,395	5,867	2,934	2,708	1,354	8	100,178	8,349	4,175	1,927
For each additional family member, add	7,150	596	298	275	138	For each additional family member, add	10,175	848	424	196

Example: Household of 4 with income received Twice Per Month

- Eligible for FREE if total income is \$1,742 or below

Example: Household of 2 with income received Weekly

- Eligible for REDUCED if total income is \$530 - \$753

Administrative Handbook – Certification of Eligibility Section

- Special Household Eligibility Application Situations are identified in the Administrative Handbook available online.
- <https://www.isbe.net/Documents/G-Cert-Elig.pdf>

Special Household Eligibility Application Situations

Adopted Child—An adopted child for whom a household has accepted legal responsibility is considered to be a member of that household. If the adoption is a subsidized adoption, the subsidy is included in the total household income.

Alimony and Child Support—Money consistently received by a household in the form of alimony or child support is considered as income to the receiving household. Money paid out for child support is NOT deducted from the household's reported gross income. If alimony or child support is not paid according to the court order/agreement, it is not counted as income for purposes of the Child Nutrition Programs.

Child Attending an Institution—A child who attends but does not reside in an institution is considered a member of the household in which he/she resides.

Child Residing in an Institution—A child residing in a residential child care institution (including those participating in the NSLP/SBP/SMP) is considered a household of one.

Child Away at School—A child who is temporarily away at school (e.g., attending boarding school or college) should be counted as a member of the household.

Child Living with One Parent, Relative, or Friends—In cases when no specific welfare agency is legally responsible for the child or when the child is living with one parent, other relatives, or friends of the family, the child is considered to be a member of the household in which he/she resides.

Foster Child HEA

- Foster children, whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household, are categorically eligible to receive free meals/milk.
- This may be documented via a categorical listing from a representative with a foster care placement agency or via the HEA.
- Please note that a separate HEA is no longer required for each foster child.
- Therefore, a HEA may contain a foster child and additional members of the household, resulting in two different eligibility statuses on the same HEA.

Incomplete Applications

The determining official cannot process an incomplete HEA.

- Return copy of HEA to the household to obtain missing information.
 - If adult member signature is missing, HEA must be returned to obtain a signature.
 - Faxed HEA may be acceptable.
- Contact household and note missing information on the HEA.
 - All changes should be initialed and dated.
 - ISBE recommends using a different color ink to document.

Notification to Households

Approved

- Verbal
- Email
- Letter

Denied

- Email
 - Letter
- **Must Contain Appeal Process**

If a Household Is Denied Benefits



- The household must receive written notification including the following:
 - Reason for denial
 - Right to appeal
 - Instruction on how to appeal
 - Notification that the household may reapply at any time during the school year
- ISBE has a sample Approval/Denial Notification.

NUTRITION

HOUSEHOLD ELIGIBILITY RESOURCES

HOUSEHOLD ELIGIBILITY APPLICATIONS (HEA)


Local Educational Agencies (LEAs) are required to use the Electronic Direct Certification system in order to determine households that receive SNAP/TANF/Income eligible Medicaid benefits or whom might be foster children, as such are automatically eligible for free meals. By determining households that are eligible for free meals through the Electronic Direct Certification System, an LEA would only provide household eligibility application packets to those households not found in that system. Please access the Electronic Direct Certification system webpage for more information. Per USDA regulations, each year, at the beginning of the school year, informational letters must be distributed to the households of children attending the school. Such informational letters cannot be sent home at the end of the school year for the next year, nor can the LEA accept and process applications before the Federally defined school year of July 1 - June 30.

LEAs must distribute a Household Eligibility Application, instructions, and appropriate letter to all households that have not been directly certified. Application, instructions and letter cannot be distributed any earlier than July 1.

SY 2024-25 DOCUMENTS

- NSLP/SBP Letter to Households, Application, and Instructions (68-06) 
 - ◊ Spanish Version 
- NSLP/SBP Letter to Households ONLY (68-06) - Editable Word Version 
 - ◊ Spanish Version 
- Special Milk/IL Free Letter to Households, Application, and Instructions (68-13) 
 - ◊ Spanish Version 
- Special Milk/IL Free Letter to Households ONLY - Editable Word Version 
 - ◊ Spanish Version 

INCOME ELIGIBILITY GUIDELINES

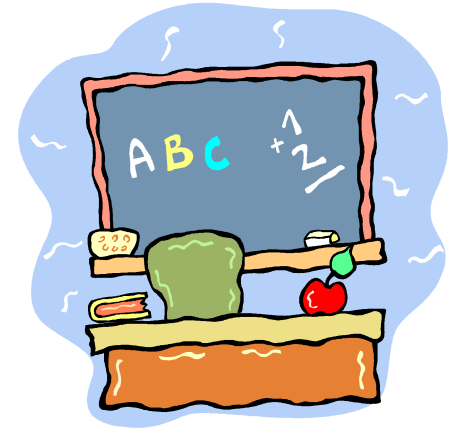
- FY 2025 

ADDITIONAL FORMS

- Denial/Approval Notification Letter (68-02) 
 - ◊ Word Version 
 - ◊ Spanish PDF Version 
 - ◊ Spanish Word Version 
- Disclosure Form 
 - ◊ Spanish Version 
- Direct Certification Sample Letter (68-15) 
 - ◊ Word Version 
 - ◊ Spanish Word Version 
- Extension of SNAP/TANF Eligibility to Household (54-45) 
- Homeless, Runaway, Migrant, Head Start, and Foster Child Certification Form (50-73) 
- 30-Day Carryover Period Ending (68-11) 
 - ◊ Word Version 
 - ◊ Spanish Version 
 - Spanish Version (Word) 
- Public Announcement - Federal and State Meal Programs (68-04) 
- Sample Notification Letter - Direct Certification Medicaid Reduced Price Eligible 
 - ◊ Editable Word Version 
 - ◊ Spanish Version 
 - Editable Word Version 

In June 2025 – ALL
Documents will be
UPDATED for SY25-26!

Contact Us



Nutrition Department
Illinois State Board of Education

Telephone: 800/545-7892 in Illinois only
217/782-2491

Fax: 217/524-6124

Email: cnp@isbe.net

Website: www.isbe.net/nutrition