

Welcome!

Certification in the School Nutrition Programs



Certification of Household Eligibility Applications (HEA)

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

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.

APPLICATION FOR FREE MEALS, REDUCED PRICE MEALS AND SUMMER FEED

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

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.)

Check if Foster Child*

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

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

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

GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)

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)

Amount How often? Amount How often? Amount How often? Amount How often?

I. \$ \$ \$ \$ \$ \$ \$ \$

II. \$ \$ \$ \$ \$ \$ \$ \$

III. \$ \$ \$ \$ \$ \$ \$ \$

IV. \$ \$ \$ \$ \$ \$ \$ \$

V. \$ \$ \$ \$ \$ \$ \$ \$

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 - ☐ 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

4. Contact information (Optional)

Work Telephone Number (Include Area Code) Home Telephone Number (Include Area Code) Home Address (Number, Street, City, State, ZIP Code)

5. 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 ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ American Indian or Alaska Native

– 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: ☐ homeles ☐ 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

Signature of Determining Official Date

ISRF 6R-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"/>

* 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.

☐ Native Hawaiian or Other Pacific Islander

– THIS SECTION IS FOR SCHOOL USE ONLY –

INITIAL DETERMINATION

TOTAL INCOME	Per:	<input type="checkbox"/> Week	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Month	<input type="checkbox"/> 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 = \$ _____
---------------------------	------------------------------------	---	---	--

<input type="checkbox"/> Free based on: <input type="checkbox"/> Homeless <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> Migrant <input type="checkbox"/> Foster Child <input type="checkbox"/> Runaway <input type="checkbox"/> Household's Income <input type="checkbox"/> Head Start	<input type="checkbox"/> Reduced based on: <input type="checkbox"/> Household's Income	<input type="checkbox"/> Denied – Reason <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Non-Qualifying SNAP/TANF
--	--	---

Date Withdrawn: _____

Date: _____

Signature of Determining Official _____

ISBE 68-06 NSLP SBP (6/25) | Application

Print

Reset Form

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.

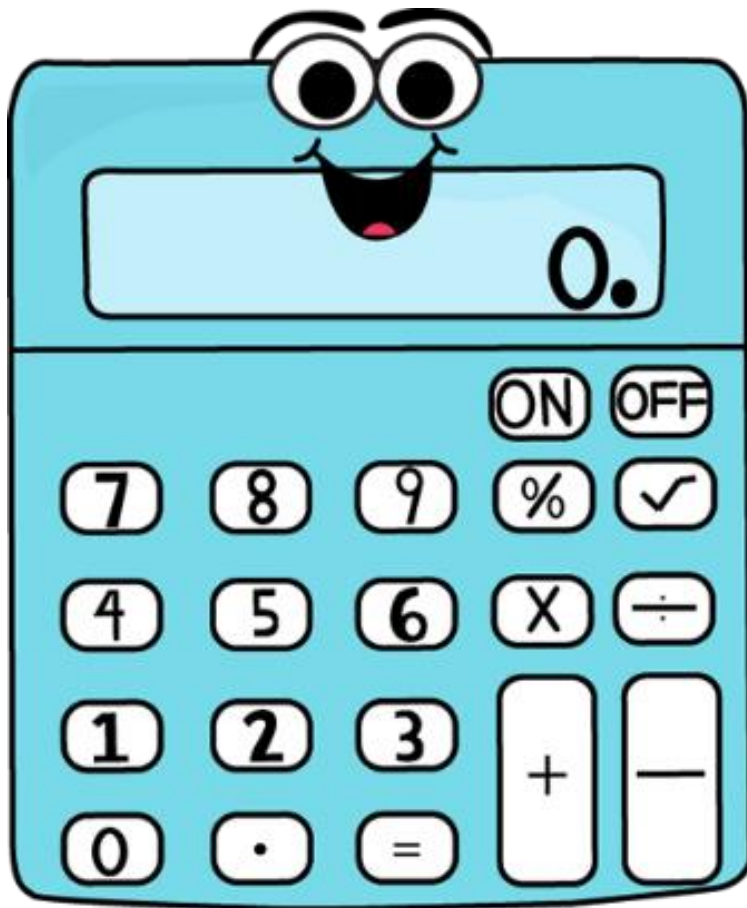
- If found, status should be FREE or REDUCED-PRICE based on direct certification.
- If NOT found, process HEA at face value.

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>

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											
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	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

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 alimony or 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.

Child's Income—The earnings of a child who is a full-time or regular part-time employee must be listed on the application as income. However, intermittent earnings, such as income from occasional babysitting or mowing lawns, should not be listed on the application as income.

Commission-Based Employee—See *Seasonal Workers and Others*.

Deployed Service Personnel—See *Military Benefits and Military Income*.

Emancipated Child—A child living alone or as a separate economic unit is considered to be a household of one.

Family Members Living Apart—Family members living apart on a temporary basis are considered household members. Family members not living with the household for an extended period are not considered members of the household for purposes of determining eligibility, but any money made available by them or on their behalf for the household is included as income to the household. See *Military Benefits and Military Income*.

Foreign Exchange Student—A foreign exchange student is considered to be a member of the household in which he/she resides; i.e., the household hosting the student.

Foster Child—A foster child whose care and placement is the responsibility of the State or is placed by a court with a caretaker's household, is categorically eligible for free meal benefits. A household may complete the HEA or the LEA may obtain [a categorical eligibility listing](#) from an official with the foster care agency. Foster children can be included on the application of the household they reside in, if it benefits the household. In this situation the foster child will always be free due to categorical eligibility, the remaining children in the household will have their benefit level determined based on income and the total number of people in the household. A foster child who has been legally adopted becomes a member of the household in which they reside. See *Adopted Child*.

Garnished Wages and Bankruptcy—Income is the gross earned income (before deductions) received by a household. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income must be considered regardless of portions being garnished or used to pay creditors.

Guardianship Situation—A student for whom a household has accepted legal guardianship for is considered to be a member of that household. If the guardianship is a subsidized guardianship, the subsidy is included in the total household income.

Head Start—**ALL** children participating in the federally funded Head Start are automatically eligible for free meals without further application or eligibility determination. **Children participating in the Illinois-funded pre-kindergarten programs are NOT automatically eligible for free meals.**

Homeless, Migrant, or Runaway Child—While Household Eligibility Applications are not required to certify a homeless, migrant, or runaway child, some applications may indicate the child is homeless, migrant, or runaway. A [listing of categorically eligible children](#) or a direct certification report is also acceptable.

Host Family of Homeless Students—When a host family applies for free and reduced-price meals for their own children, the host family may include the homeless family as household members if the host family provides financial support to the homeless family, such as shelter, utilities, clothing, or food. In such cases, the host family must also include any income received by the homeless family. However, free meal eligibility for the homeless child is based on the documentation provided by the local education liaison, even when the child is included on the host family's free and reduced-price meal application.

Households That Fail to Apply—Local officials may complete an application for a student known to be eligible if the household fails to apply. This option is intended for limited use in individual situations and must not be used to make eligibility determinations for categories or groups of children. When exercising this option, the school official must complete an application on behalf of the student based on the best household size and income information. The source of the information MUST be noted on the application. Names of household members, social security number, and signature of an adult household member are not required. These applications are excluded from verification. However, the household must be notified that the student has been certified to receive free or reduced-price meal benefits.

Households That Voluntarily Provide Pay Stubs That Conflicts with the Information provided on the Household Eligibility Application—The submission of documentation that does not support the information provided on the application must not affect the initial eligibility determination. The determining official must approve or deny the application on face value and notify the household of the initial eligibility determination. LEAs are in the best position to determine the appropriate action to take. Inconsistencies must be resolved quickly. Under these circumstances, an LEA official must take appropriate action by either:

- Sending the household a notice of approval and a notice of adverse action at the same time. This provides the household opportunity to resolve the discrepancy during the 10-day advance notice of adverse action.
- Sending the household a notice of approval and a verification letter (based on verification for cause) at the same time.

Incarcerated Individual—If temporary (less than one year), see *Family Member Living Apart*. If long term (more than one year), the individual would not be counted as a member of the household; however, any money to the household on their behalf is counted as income.

Institutionalized Child—An institutionalized child is a child who resides in a residential type facility that the State has determined is not a boarding school. Payments from any source

directly received by the institution on a child's behalf are not considered as income. Such a child is a household of one; therefore, only the income a child earns from employment and/or personally receives while in residence at the institution is considered as income. An RCCI may use a master list for residential children instead of collecting individual applications. The list should include the following information: name, date of birth, child's monthly income, date enrolled, and departure date ([ISBE Form 67-33](#)). If a child resides in a RCCI and attends a traditional school during the day, the RCCI must submit to the day school an application on behalf of the child which includes the following information: 1) the child's name; 2) the child's personal income and how often it is received, if any; and 3) the signature of an adult from the RCCI. The last 4 digits of the social security number is not needed.

Joint Custody—When joint custody has been awarded and the child physically changes residence, the child is considered part of the household where he/she resides. In these situations, if both parents apply for benefits in the same LEA for the child, and different eligibility statuses result, the greatest benefit level is used. For example, if the mother's HEA results in eligibility for free meals but the father's HEA is denied, the child would receive free meals. If only one parent applies for meal benefits, that household's level of benefits it provided to the student. A HEA from the other parent is not required.

Lump Sum Payments—Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a, such as payment from an insurance company for fire damage to a house. If lump sum payments are put in a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

Military Benefits—In-kind benefit such as non-privatized on-base housing, where the household receives no cash is excluded as income. Military benefits received in cash, such as housing allowances for military households and food or clothing allowances must be considered as income. However, if the housing allowance is through the Military Housing Privatization Initiative, housing allowances are not to be counted as income.

Military Income— For deployed service members, only that portion of their income made available by them or on their behalf to the household will be counted as income to the household. Family Subsistence Supplemental Allowance (FSSA) is excluded as income. Deployment Extension Incentive Pay (DEIP) is excluded as income only until the service member returns to their home station. Combat pay that is received by the household member, who is deployed to a designated combat zone, is to be excluded as income. A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U. S. Armed Forces are engaging or have engaged in combat. Combat pay is excluded on the application when **all three** of the following criteria are met.

1. Received in addition to the service member's basic pay;
2. Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; and

3. Not received by the service member prior to his/her deployment to or service in the designated combat zone.

Migrant Child—See *Homeless, Migrant, or Runaway Child*.

Overtime Payments— The LEA official should work with the household to determine whether the overtime for the month being reported is representative of overtime received in other months. If the overtime is a one-time or sporadic source of income, income should be calculated based on the regular monthly income without overtime. If regularly received, overtime is considered income, for purposes in Child Nutrition Programs.

Runaway Child—See *Homeless, Migrant, or Runaway Child*.

Seasonal Workers and Others—Seasonal workers, such as migrants or teachers on nine-month contracts, and others whose income fluctuates usually earn more money in some months than in other months. Consequently, the previous month's income will commonly distort the household's actual circumstances. In these situations, the household may project its annual rate of income and report this amount as its current income. If the prior year's income provides an accurate reflection of the household's current annual rate of income, the prior year may be used as a basis for the projected annual rate of income.

Self-Employed—Self-employed persons are credited with net income rather than gross income. Self-employed persons may use last year's income as a basis to project their current year's net income, unless their current net income provides a more accurate measure.

Net income for self-employment is determined by subtracting business expenses from gross receipts. Gross receipts include the total income from goods sold or services rendered by the business. Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid, and business taxes (not personal, Federal, State, or local income taxes). Non-deductible business expenses include the value of salable merchandise used by the proprietors of retail businesses.

Net income for self-employed farmers is figured by subtracting the farmer's operating expenses from the gross receipts. Gross receipts include the value of all products sold; money received from the rental of farmland, buildings, or equipment; and incidental receipts from the sale of items such as wood, sand, or gravel. Operating expenses include cost of feed, fertilizer, seed, and other farming supplies; cash wages paid to farmhands; depreciation charges; cash rent; interest on farm mortgages; farm building repairs; and farm taxes (but not local, State, or Federal income taxes).

For a household with income from wages and self-employment, each amount must be listed separately. When there is a business loss, income from wages may not be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero income.

Transfer Student—When a student transfers from one SFA to a different SFA during the school year, a copy of the eligibility determination documentation (HEA or Direct Certification) may be requested from the original school. The new SFA the students are transferring to is responsible for ensuring the eligibility determination is correct for each student. The SFA/school that transfers the student's HEA to the new SFA/school, should keep the original for its own records. If the new SFA/school cannot obtain a copy of the HEA from the old SFA/school, then it should collect a new application from the household and make a determination of eligibility. It is also important to note that the decision to allow an SFA to accept a HEA from a different SFA is left to the new SFA to which the student is transferring.

Zero Income Application—When a household submits an application that indicates zero income or the income area is left blank, the HEA is processed as complete if all other applicable areas on the HEA are complete. The HEA is processed at 'face value' as eligible for free meals/milk.

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 2025-26 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 2026 

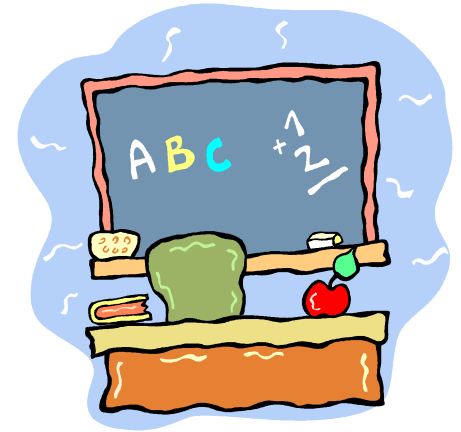
ADDITIONAL FORMS

- Denial/Approval Notification Letter (68-02) 
 - Word Version 
 - Spanish PDF Version 
 - Spanish Word Version 
- Disclosure Form 
 - Spanish Version 
- Direct Certification Sample Letter (69-15) 
 - 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 

ALL Documents are
available 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