
CERTIFICATION OF HOUSEHOLD ELIGIBILITY APPLICATIONS FOR MEAL BENEFITS

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NUTRITION AND WELLNESS PROGRAMS DIVISION
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

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.

FULL-YEAR ELIGIBILITY

- Eligibility begins on the date of certification, whether direct certification report date or processed date of the HEA, and 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.

HOW ARE MEAL BENEFITS DETERMINED?

- Direct Certification

- Certification of SNAP/TANF/Income-eligible Medicaid/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/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

GENERAL HEA INFORMATION

- As applications are received, ALWAYS check direct cert system. Any household member that can be direct certified (SNAP, TANF, or income eligible Medicaid) provides FREE benefits to the entire household. Foster, Homeless, Migrant, and does not provide extension of benefits. If not found, process application at face value.
- The first day of each month after the Annual file, a Monthly file is generated. All applications previously submitted should be checked for direct cert status.
 - Applications can be transferred to direct cert status at anytime during the year

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 meal benefits.**
- 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.

HOUSEHOLD ELIGIBILITY APPLICATIONS

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)

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last	School Name	# of Student on Grade	SNAP OR TANF CASE NUMBER Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.										Check if Foster Child*			
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

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

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

- 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.

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)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	B. Amount	How often?	C. Amount	How often?	D. Amount	How often?	E. Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

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 _____

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 White
 Black or African American American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids.

Sign here: _____

HOUSEHOLD ELIGIBILITY APPLICATIONS

- Section I – 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/From Application													
NUMBER OF ALL HOUSEHOLD MEMBERS			SNAP OR TANF CASE NUMBER: Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.													
First, Middle Initial, Last	School Name	(If Student only, Grade)														Check if Foster Child
			-	-	-											<input type="checkbox"/>
			-	-	-											<input type="checkbox"/>
			-	-	-											<input type="checkbox"/>
			-	-	-											<input type="checkbox"/>
			-	-	-											<input type="checkbox"/>

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

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

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
 - Schools/districts unable to review applications at the time of submission should encourage families to complete ENTIRE application – SNAP/TANF if applicable AND income information.
 - Attempt to Directly Certify – **ALL Schools**

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)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	B. Amount	How often?	C. Amount	How often?	D. Amount	How often?	E. 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, 6 AND 7 ARE OPTIONAL

- Section 5 – Contact Information
- Section 6 – Racial/Ethnic Identity
- Section 7 – All Kids Information

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

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

Not I DO NOT want information from my Household Eligibility Application shared with All Kids.

Sign here: _____

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
 - Error-prone applications are those applications with an income within \$100 per month above or below the FREE eligibility limit, OR below the REDUCED-PRICE eligibility limit. (\$1,200/Year; \$50 Twice per month; \$46.15/Every two weeks; OR \$23.07/Week)
- Signature of Determining Official
 - Determining Official cannot be a part of the verification process

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			<input type="checkbox"/> Check if Error Prone Application	
NAMES OF ALL HOUSEHOLD MEMBERS		<small>(for Student only)</small>	SNAP OR TANF CASE NUMBER Skip to Part 4 if you	

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: _____

Signature of Determining Official _____ Date: _____

68-03 School Year 2017-2018 NSSTAP (8/17)

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 for at least one household member (child or adult) of the household. Applications with Medicaid case numbers are NOT accepted for meal benefits.
 - The SNAP/TANF case number MUST be a qualifying number based on ISBE guidance.

- 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 based on direct certification.
- If NOT found, process HEA at face value.

ACCEPTABLE SNAP/TANF CASE ID NUMBERS

- May be ANY Household Member's SNAP/TANF Case ID Number
- Case numbers must contain **10–13 digits** in the following format: **XX-XXX-XX-XXX(XXX)**
- Case numbers starting with:
 - **04 or 06** means the person is receiving TANF and is eligible for free meals.
 - **08** means the person is receiving SNAP and is eligible for free meals.
 - **91, 92, 93, 94, or 96 ALONG WITH a 22 as the 6th and 7th digits** means the person is receiving medical benefits along with SNAP and based on the latter, is eligible for free meals.
 - **91, 92, 93, 94, or 96 ALONG WITH a 00 as the 6th and 7th digits** means the person MAY be receiving SNAP and TANF in addition to medical benefits; however, further information is needed.

INCOME APPLICATIONS

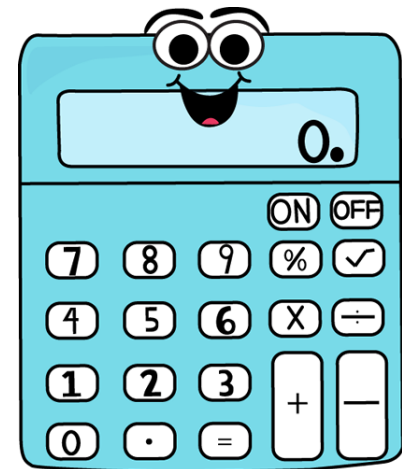


- HEAs based on income must contain:
 - Names of all household members including the child(ren) who will receive benefits
 - All household members receiving incomes and the frequency of each income
 - **Blank Income Section is processed as ZERO INCOME.**
 - Signature and last 4 digits of the social security number of the adult household member signing the application
- Compare income to appropriate Income Eligibility Guidelines (IEGs). (see next slide)
- Special Household Eligibility Application Situations are identified in the Administrative Handbook available online.

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 X 12



FISCAL YEAR 2018 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2017, through June 30, 2018:

Income Eligibility Guidelines Effective from July 1, 2017, to June 30, 2018											
	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	15,678	1,307	654	603	302	1	22,311	1,860	930	859	430
2	21,112	1,760	880	812	406	2	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	3	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	4	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	5	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	6	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	7	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add	5,434	453	227	209	105	For each additional family member, add	7,733	645	323	298	149

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.

Income Eligibility Guidelines
Effective from July 1, 2017, to June 30, 2018

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	15,678	1,307	654	603	302	1	22,311	1,860	930	859	430
2	21,112	1,760	880	812	406	2	30,044	2,504	1,252	1,156	578
3	26,546	2,213	1,107	1,021	511	3	37,777	3,149	1,575	1,453	727
4	31,980	2,665	1,333	1,230	615	4	45,510	3,793	1,897	1,751	876
5	37,414	3,118	1,559	1,439	720	5	53,243	4,437	2,219	2,048	1,024
6	42,848	3,571	1,786	1,648	824	6	60,976	5,082	2,541	2,346	1,173
7	48,282	4,024	2,012	1,857	929	7	68,709	5,726	2,863	2,643	1,322
8	53,716	4,477	2,239	2,066	1,033	8	76,442	6,371	3,186	2,941	1,471
For each additional family member, add	5,434	453	227	209	105	For each additional family member, add	7,733	645	323	298	149

Example: Household of 3 with income received every Two Weeks

- Eligible for FREE if total income is \$1,021 or below

Example: Household of 4 with income received Twice per Month

- Eligible for REDUCED if total income is \$1,334 - \$1,897

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.

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





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 2017-2018 DOCUMENTS

- [NSLP/SBP Letter to Households, Application, and Instructions \(68-06\)](#) 
 - [Spanish Version \(68-06\)](#) 





NOTE: New this year, the Confirmation/Verification sections have been removed from the application. A separate tracking form is being developed, allowing more room for notes and required documentation, and once available, will be posted on the [School-Based Child Nutrition Programs Forms, Documents and Resources Page](#).

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

INSTRUCTIONS TO SPONSORS

- Income Eligibility Guidelines
 - FY 2018 
- Determining Valid SNAP/TANF Case Numbers 

ADDITIONAL FORMS

- Denial/Approval Notification Letter (68-02) 
- Disclosure Form 
 - Spanish Version 
- Direct Certification Sample Letter (69-15) 
 - Word Version 
- Electronic Direct Certification Guidance 
- 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 
- Public Announcement - Federal and State Meal Programs (68-04) 
 - Spanish Version 

ISBE School Nutrition Programs

**Administrative Handbook –
School Year 2017-2018
COMING SOON!**

**School Nutrition Programs
Administrative Handbook
School Year 2016-2017**



**Illinois State Board of Education
Nutrition and Wellness Programs Division
800.545.7892 or 217.782.2491
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CONTACT US

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