



# Illinois State Board of Education

## Certification of Household Eligibility Applications (HEA)

Nutrition Division

Speaker: Roxanne Ramage, MS, RDN, SNS

[rramage@isbe.net](mailto:rramage@isbe.net)

Equity • Quality • Collaboration • Community

# 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.

# SY2022-2023 Eligibility Carryover

- For those schools returning to regular meal counting and claiming for SY22-23 that either participated in NSLP/SBP or who participated in SSO and conducted certification and verification for SY21-22, the meal benefit status of eligible students (free or reduced-price) at the end of the prior school year must be carried over for up to 30-operating days OR until a new eligibility status is determined.

**\*\*For any school operating SSO during SY21-22 and did NOT conduct certification and verification for SY21-22, the USDA has provided flexibility to use the most recent eligibility data available for their school district, even if the most recent available data is determinations from SY19-20. (Waiver #6 in WINS, if needed)**



# 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.



# 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



# Distribution of the HEA

6

- 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 (For Student only) Grade

First, Middle Initial, Last

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?

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/very 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., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	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. ☐ 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

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 ☐ 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:  
☐ 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:

ISBE 68-06 NSSTAP (6/22)

Print Reset Form



# 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 <b>MUST</b> 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.



Illinois  
State Board of  
Education



# 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      ☐ Native Hawaiian or Other Pacific Islander  
☐ White      ☐ American Indian or Alaska Native



# 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
- Signature of Determining Official

– 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

☐ 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 \_\_\_\_\_ Date: \_\_\_\_\_

ISBE 68-06 NSSTAP (6/22)

Print Reset Form



# 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.)**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER <small>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 <b>MUST</b> apply based on household size and income.</small>	Foster Child* <input type="checkbox"/>

**SCHOOL USE ONLY**

☐ Check if Error Prone Application



**Illinois**  
State Board of  
Education

# 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:

---

ISBE 68-06 NSSTAP (6/22)

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



**Illinois**  
State Board of  
Education

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





# Income Applications



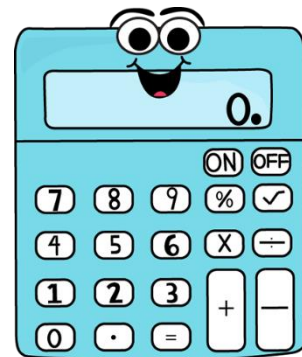
- HEAs based on income must contain:
  - Names of all household members including the child(ren) who will receive benefits
  - All household members receiving incomes and the frequency of each income
    - **Blank Income Section is processed as ZERO INCOME.**
  - Signature and last 4 digits of the social security number of the adult household member signing the application
- Compare income to appropriate Income Eligibility Guidelines (IEGs). (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 X12



## FISCAL YEAR 2023 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2022, through June 30, 2023:

<b>Income Eligibility Guidelines</b> <b>Effective from July 1, 2022, to June 30, 2023</b>											
	<b>Free Meals</b> <b>130% Federal Poverty Guideline</b>						<b>Reduced-Price Meals</b> <b>185% Federal Poverty Guideline</b>				
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	17,667	1,473	737	680	340	1	25,142	2,096	1,048	967	484
2	23,803	1,984	992	916	458	2	33,874	2,823	1,412	1,303	652
3	29,939	2,495	1,248	1,152	576	3	42,606	3,551	1,776	1,639	820
4	36,075	3,007	1,504	1,388	694	4	51,338	4,279	2,140	1,975	988
5	42,211	3,518	1,759	1,624	812	5	60,070	5,006	2,503	2,311	1,156
6	48,347	4,029	2,015	1,860	930	6	68,802	5,734	2,867	2,647	1,324
7	54,483	4,541	2,271	2,096	1,048	7	77,534	6,462	3,231	2,983	1,492
8	60,619	5,052	2,526	2,332	1,166	8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	6,136	512	256	236	118	For each additional family member, add	8,732	728	364	336	168

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.

Free Meals 130% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,332	1,166
For each additional family member, add	6,136	512	256	236	118

Reduced-Price Meals 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add	8,732	728	364	336	168

Example: Household of 4 with income received Twice Per Month

- Eligible for FREE if total income is \$1,504 or below

Example: Household of 2 with income received Weekly

- Eligible for REDUCED if total income is \$459 - \$652



# 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.





<https://www.isbe.net/Pages/Household-Eligibility-Resources.aspx>

## SY 2022-23 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 2023 

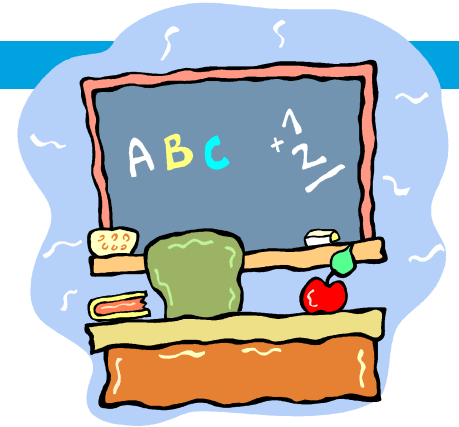
## ADDITIONAL FORMS

- 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 
- Public Announcement - Federal and State Meal Programs (68-04) 



**Illinois**  
State Board of  
Education

# 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](mailto:cnp@isbe.net)

**Website:** [www.isbe.net/nutrition](http://www.isbe.net/nutrition)



Illinois  
State Board of  
Education