Certification of Household Eligibility Applications (HEA)

Presented by:
Roxanne Ramage
rramage@isbe.net

ILLINOIS STATE BOARD OF EDUCATION

Public Notification Requirements (ISBE Actions)

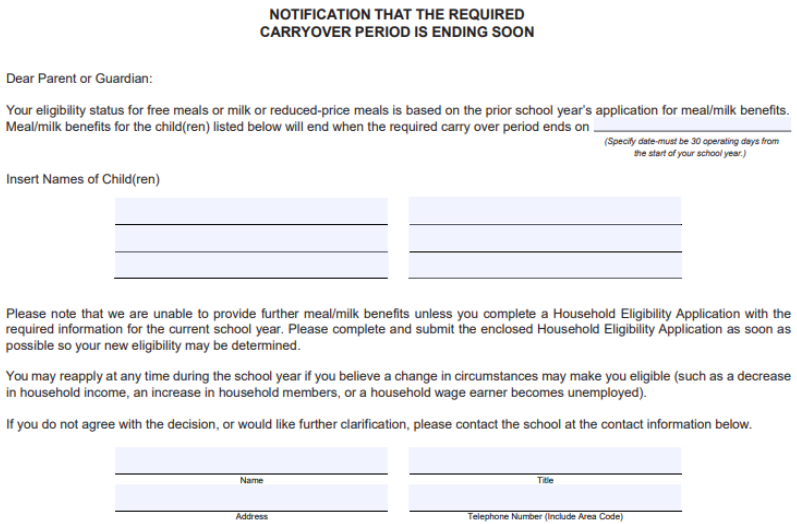
- Near the beginning of each school year, the public must be notified that the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or Special Milk Program (SMP) are available in the school or school district.
- This notice must include the Income Eligibility Guidelines (IEGs) for 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 (SFA Actions)

- Local Education Agencies (LEAs) must submit public announcements to local unemployment offices and major employers contemplating large layoffs in the attendance area of the school.
  - Maintain 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 carry over 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 the carryover period has ended, we have a sample form (ISBE 68-11) 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.



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)

ILLINOIS STATE BOARD OF EDUCATION

Full-Year Eligibility

- Once eligibility is determined, whether direct certification or via Household Eligibility Application (HEA), that eligibility remains in effect for the rest of that school year and for carryover into the subsequent school year, with a few exceptions.
- 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
  - Voluntary request by the household to withdraw the benefits (recommend request in writing)

Processing HEA Timeline

- HEAs must be processed within 10 working days of submission, although we recommend to prioritize HEAs for new or transfer students at the beginning of the school year, as they may not be on carryover status.
- The *determining official* is the individual responsible for reviewing and approving HEAs.

Record Retention Policy

- USDA regulations require record retention.
  - Applies to sponsors that self-operate their school food service program and sponsors that outsource their school food service program to a food service management company (FSMC) or vendor
    - Maintain all necessary records for a period of three years after submission of the final claim for reimbursement for the school year
    - If audit findings have not been resolved, retain records beyond the three-year period, for as long as required to resolve the issues raised by the audit
    - Records may be kept as paper and/or digital.
    - School Food Authorities (SFAs) should ensure compliance with any local or state record retention requirements, as they may be stricter.

Effective Date of Eligibility

- In WINS, click on *Sponsor Application & Participation, then Questionnaire,* then *Eligibility Determination*
- Determined at the LEA/Sponsor/SFA level for all sites
  - **Application Approval Date or Direct Certification Access Dates** – A student's meal benefits are effective the date the Determining Official reviews and approves the HEA. 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 HEA 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, likely because of approval of Community Eligibility Provision (CEP) participation or Special Milk (paid option).

USDA Household Definition

- To make an eligibility determination for free and reduced-price school meals benefits, household composition is based on economic unit.
- An economic unit is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living a one economic unit, and whose members share housing, significant income and expenses. (7 CFR 245.2)
- Generally, individuals residing in the same house or apartment unit are an economic unit.
- Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

USDA Household Reportable Income for School Nutrition Programs

Determining Household Reportable Income	
Category	**Description**
Earnings from work	• Wages, salaries, tips, commissions, and cash bonuses; • Net income from self-owned business, including farms; • Strike benefits, unemployment compensation, and worker's compensation; and • Military basic pay and cash bonuses and allowances for off-base housing, food, and clothing (excluding combat pay, Family Subsistence Supplemental Allowance, and privatized housing allowances; for more information, see *Income Exclusions*).
Public assistance, alimony, pensions and child support	• Unemployment benefits; • Worker's compensation; • Supplemental Security Income (SSI); • Regular cash assistance from State or local governments; • Alimony payments; • Child support payments; • Veteran's benefits; • Pensions; • Retirement Social Security (including railroad retirement and black lung benefits); • Private pensions or disability benefits; and • Adoption assistance payments.
Any other income regularly received	• Income from trusts or estates; • Annuities; • Investment income; • Earned interest; • Net rental income; • Regular cash payments from outside household; • Cash withdrawn from savings; and • Any other money regularly available to pay for children's meals.

ILLINOIS STATE BOARD OF EDUCATION

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

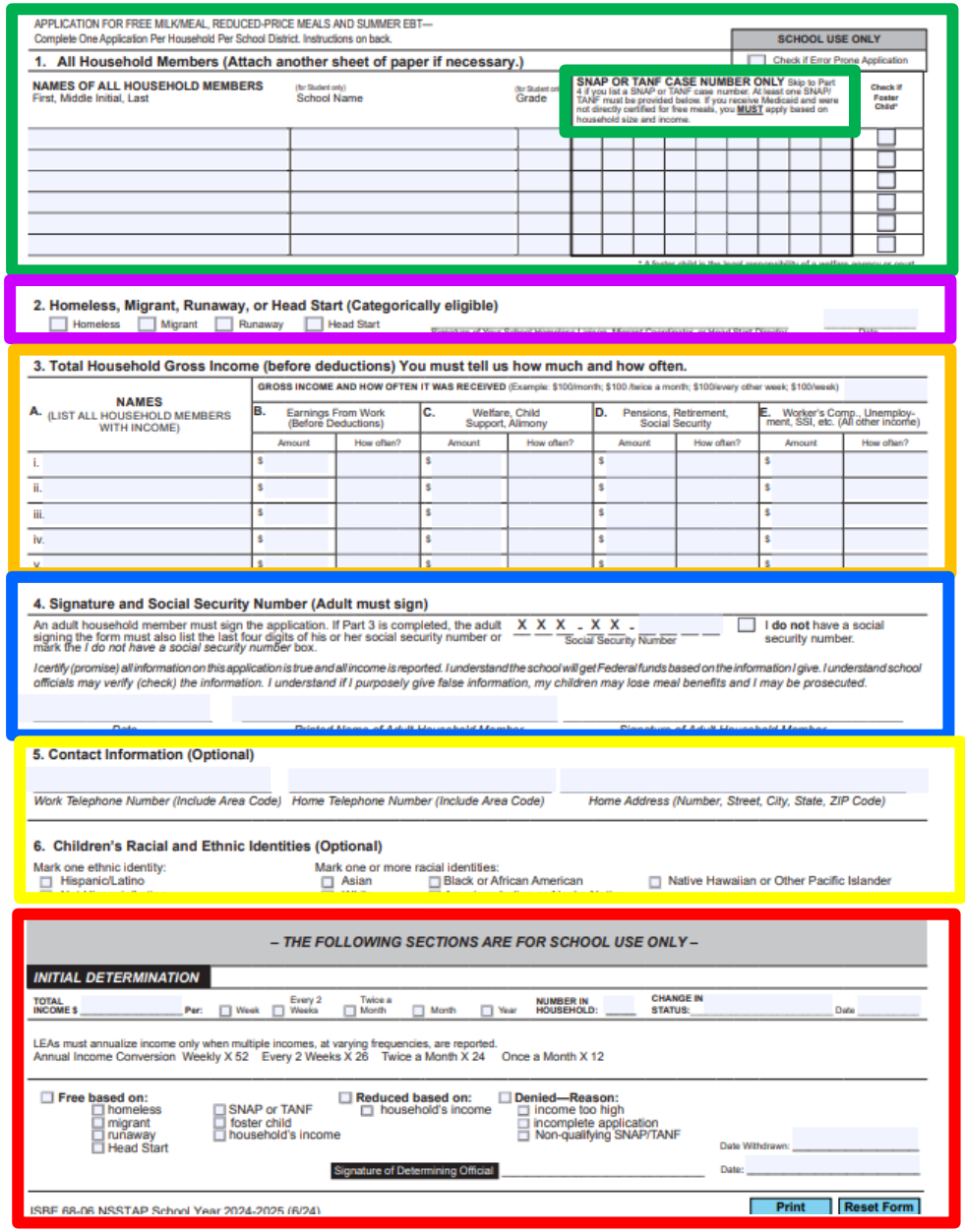
- Categorical Eligibility
  - Homeless, migrant, runaway, foster child or Head Start listing

or

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

Distribution of the HEA

- The HEA consists of:
  - Letter to Household
  - HEA
  - 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 also must be provided an HEA.**
- If the LEA accepts electronic HEAs, 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
  - Accepted and processed by the LEAs before the beginning of the federally defined school year, which begins July 1


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

SCHOOL USE ONLY
Check if Error Prone Application

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 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

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., Unemployment, 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.

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

Mark one or more racial identities:
Asian Black or African American Native Hawaiian or Other Pacific Islander

– 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 School Year 2024-2025 (6/24) Print Reset Form

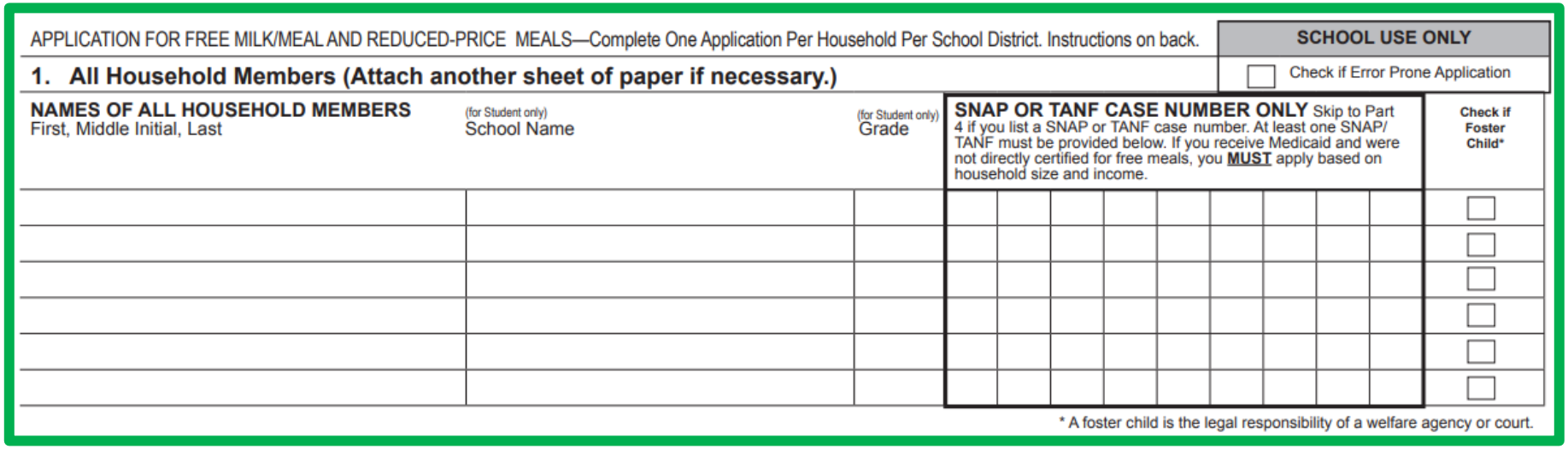
Household Eligibility Application

(Subject to Change)

ILLINOIS STATE BOARD OF EDUCATION

Household Eligibility Applications – Section 1

- **All Household Members**
  - Ensure all appropriate areas are complete
  - Attempt to directly certify through ISBE's Direct Certification System



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

SCHOOL USE ONLY

☐ Check if Error Prone Application

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 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***
				☐
				☐
				☐
				☐
				☐
				☐

* 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**
  - Direct Certification Report is 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

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

ILLINOIS STATE BOARD OF EDUCATION

Household Eligibility Applications – Section 3

- **Income Information**
  - All household members with income must be included, and an amount **and** frequency must be included

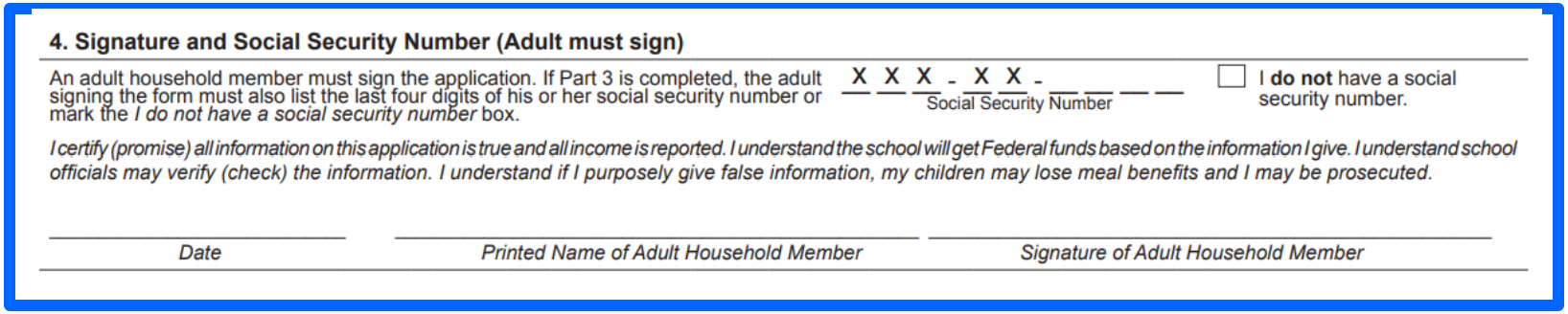
3. Total Household Gross Income (before deductions) You must tell us how much and how often.

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., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	$		$		$		$	
ii.	$		$		$		$	
iii.	$		$		$		$	
iv.	$		$		$		$	
v.	$		$		$		$	

ILLINOIS STATE BOARD OF EDUCATION

Household Eligibility Applications – Section 4

- **Signature/Social Security Number**
  - A signature is required for all HEAs
  - Last 4 digits of the Social Security number (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*

ILLINOIS STATE BOARD OF EDUCATION

Household Eligibility Applications – Section 5 and 6 Are Optional

- Contact Information
- 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
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander

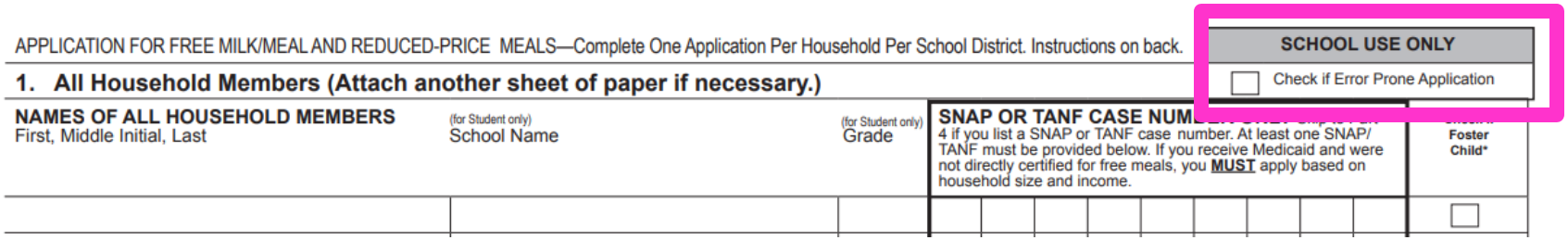
ILLINOIS STATE BOARD OF EDUCATION

HEA – School Use Information

- Initial Determination
  - Complete all appropriate information within 10 days of receipt
    - Approved or Denied
- Ensure error-prone income applications are marked
- Applications selected for *Verification for Cause* 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
    - $1,200/annually



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

SCHOOL USE ONLY

☐ Check if Error Prone Application

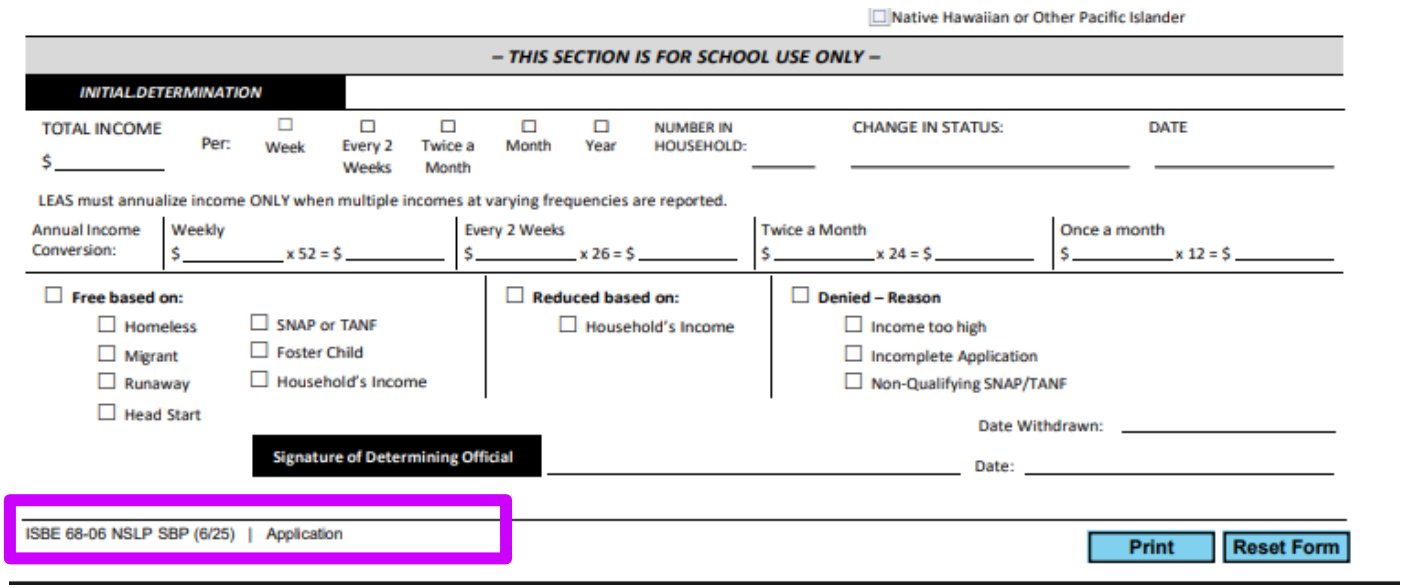
1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUM… 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.	… Foster Child*
				☐

ILLINOIS STATE BOARD OF EDUCATION

Approving HEAs

- HEAs must be processed (approved or denied by the LEA) within 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



☐ Native Hawaiian or Other Pacific Islander

– THIS SECTION IS 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	Every 2 Weeks	Twice a Month	Once a month
	$_____ x 52 = $_____	$_____ x 26 = $_____	$_____ x 24 = $_____	$_____ 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 NSLP SBP (6/25) | Application

Print Reset Form

ILLINOIS STATE BOARD OF EDUCATION

Complete HEA

- If applications are complete, they are to be accepted at “face value” and may not be subject to up-front verification.
- If there are any inconsistencies regarding the eligibility information provided or information is missing, the LEA may contact the household to obtain additional information or resolve inconsistencies.
  - If this contact is not successful, the HEA must be denied. The LEA should make reasonable efforts to contact the household in order to obtain or clarify the required information.
  - The household may reapply at any time by submitting a completed HEA.

Verification for Cause Overview

- Verifications for cause HEAs are not part of the required sample and the verification for cause process may be done at any time during the school year.
  - All steps of the verification process are followed when an application is selected for verification for cause, including the confirmation review.
  - Direct verification must be attempted in all verification for cause situations.
- LEAs have an obligation to verify questionable applications through the verification for cause process and are not limited in number.
- *Income* and *SNAP/TANF* applications may be subject to verification for cause.
- Any applications verified for cause prior to submission of the Verification Summary Report (VSR) will need to have the results of the verification for cause reported on the VSR.
- The VSR is **due to ISBE no later than December 15.**

Verification for Cause Reasons

- To ensure compliance with USDA regulations (7 CFR 245.6a(c)(7)), the following type of applications submitted for meal benefits should be selected for verification for cause immediately after approval of the application:
  - All applications approved based on zero or blank income
  - SNAP/TANF approved applications in which the case number submitted on the application is not found in the single child lookup feature of the Electronic Direct Certification System
  - Foster child approved applications in which the student is not found in the single child lookup feature of the Electronic Direct Certification System
  - Income applications when the LEA has firsthand knowledge of additional unreported income or persons in the household
- Sponsors should establish internal procedures for verification for cause describing any additional circumstances in which verification for cause would be conducted beyond the above requirements.

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 a 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 and move to verification for cause immediately

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
- Household size and household reportable income is defined by USDA.
- Compare income to appropriate Income Eligibility Guidelines (IEGs)

Income Conversion

- When income is reported on an HEA:
  - If only one income is reported or all income is at the same frequency, **do not convert**. Add the income amounts and compare to the household size and frequency on the IEGs chart for eligibility determination.
  - If incomes are received by the household at different intervals, all income must be annualized. **Do not round** converted income. Add the annualized income amounts and compare to the household size and frequency on the IEGs chart for eligibility determination.
- Conversion Figures
  - Weekly X 52
  - Every two weeks X 26
  - Twice a month X 24
  - Monthly X 12

FISCAL YEAR 2027 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2026, through June 30, 2027:

Income Eligibility Guidelines Effective from July 1, 2026, to June 30, 2027											
	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	20,748	1,729	865	798	399	1	29,526	2,461	1,231	1,136	568
2	28,132	2,345	1,173	1,082	541	2	40,034	3,337	1,669	1,540	770
3	35,516	2,960	1,480	1,366	683	3	50,542	4,212	2,106	1,944	972
4	42,900	3,575	1,788	1,650	825	4	61,050	5,088	2,544	2,349	1,175
5	50,284	4,191	2,096	1,934	967	5	71,558	5,964	2,982	2,753	1,377
6	57,668	4,806	2,403	2,218	1,109	6	82,066	6,839	3,420	3,157	1,579
7	65,052	5,421	2,711	2,502	1,251	7	92,574	7,715	3,858	3,561	1,781
8	72,436	6,037	3,019	2,786	1,393	8	103,082	8,591	4,296	3,965	1,983
For each additional family member, add	7,384	616	308	284	142	For each additional family member, add	10,508	876	438	405	203

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 IEG27 (4/26)

FY2027 IEGs

FISCAL YEAR 2027 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2026, through June 30, 2027:

Income Eligibility Guidelines Effective from July 1, 2026, to June 30, 2027											
	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	20,748	1,729	865	798	399	1	29,526	2,461	1,231	1,136	568
2	28,132	2,345	1,173	1,082	541	2	40,034	3,337	1,669	1,540	770
3	35,516	2,960	1,480	1,366	683	3	50,542	4,212	2,106	1,944	972
4	42,900	3,575	1,788	1,650	825	4	61,050	5,088	2,544	2,349	1,175
5	50,284	4,191	2,096	1,934	967	5	71,558	5,964	2,982	2,753	1,377
6	57,668	4,806	2,403	2,218	1,109	6	82,066	6,839	3,420	3,157	1,579
7	65,052	5,421	2,711	2,502	1,251	7	92,574	7,715	3,858	3,561	1,781
8	72,436	6,037	3,019	2,786	1,393	8	103,082	8,591	4,296	3,965	1,983
For each additional family member, add	7,384	616	308	284	142	For each additional family member, add	10,508	876	438	405	203

Example: Household of 4 with income received every two weeks

- Eligible for **free** if total income is $1,650 or below

Example: Household of 3 with income received weekly

- Eligible for **reduced** if total income is $684 - $972

Special Household Eligibility Application Situations (A-I)

- Adopted student
- Alimony and child support
- Child attending an institution
- Child residing in an institution
- Child away at school
- Child living with one parent, relative, or friend
- Foreign exchange student
- Guardianship situation
- Households that fail to apply
- Households that voluntarily provide paycheck stubs that conflict with information provided on the HEA
- Incarcerated individual

Special Household Eligibility Application Situations are identified in the Administrative Handbook

Special Household Eligibility Application Situations (J-Z)

- Joint custody
- Lump sum payments
- Military benefits
- Military income
- Overtime payments
- Seasonal persons and others
- Self-employed
- Transfer student
- Zero income application

Foster Child HEA

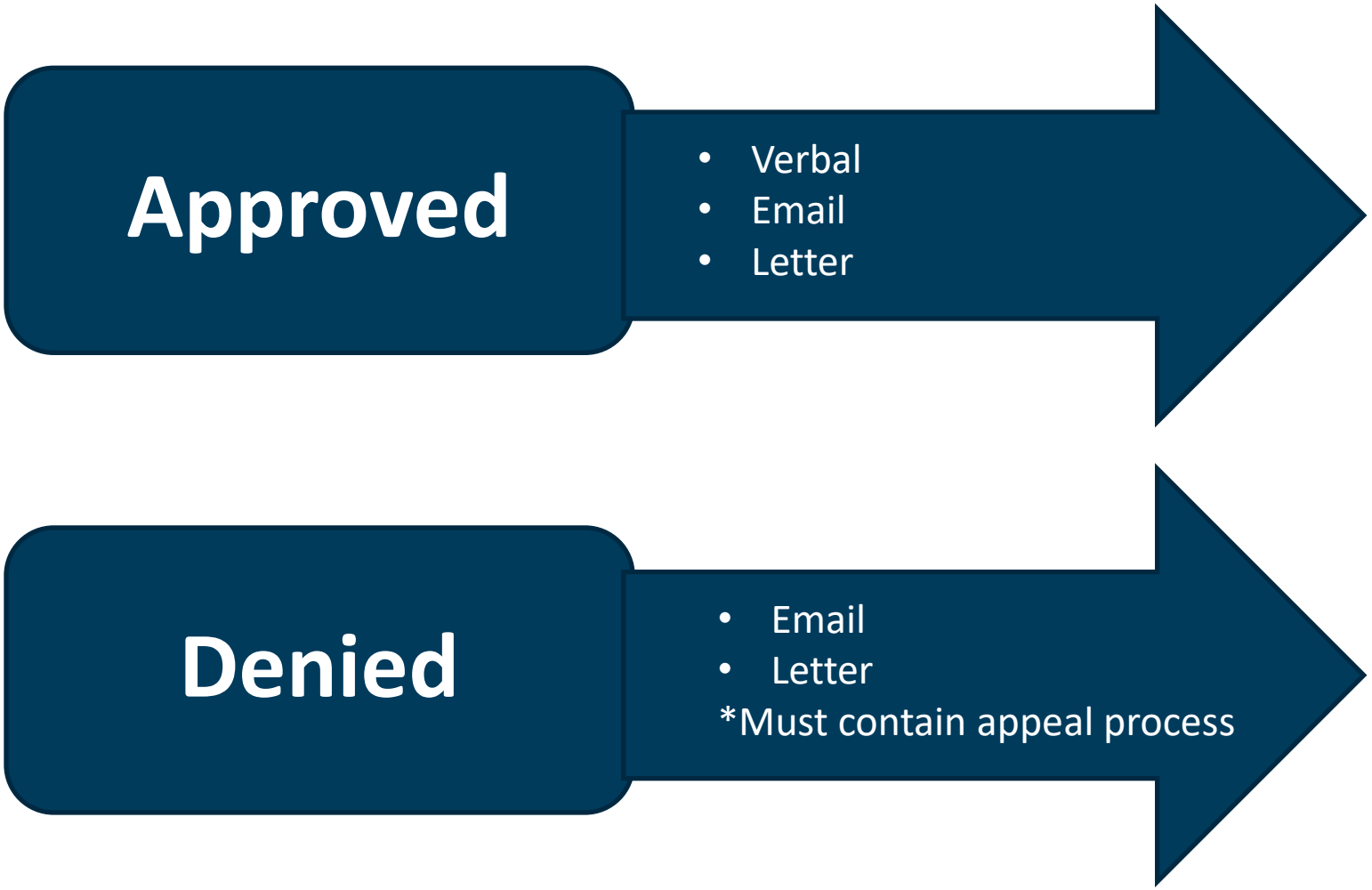
- Foster children, whose care and placement is the responsibility of the state or who is placed by a court with a caretaker household, are categorically eligible to receive free meals/milk.
- This may be documented via a categorical listing from a representative with a foster care placement agency or via the HEA.
- Please note that a separate HEA is no longer required for each foster child.
- Therefore, an 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
  - Emailed scanned 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



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

Household Eligibility Documents

- Documents for SY 2026-27 will be available in late June 2026.
  - Household Eligibility Application Prototype
  - Sample Public Announcement
  - Direct Certification Sample Notification
  - Extension of Benefits Form
- Watch for ISBE announcement
- FY 2027 IEGs are currently available

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

Resources:

- USDA Eligibility Manual for School Meals
- ISBE Administrative Handbook, Certification of Eligibility

ILLINOIS STATE BOARD OF EDUCATION

ILLINOIS
STATE BOARD OF
EDUCATION