# Direct Certification and Certification

**Nutrition Division** 

Speaker: Roxanne Ramage, MS, RDN, SNS

rramage@isbe.net



# **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 <u>required</u> to carryover eligibility from the previous year for <u>30 operating days</u> 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**

- 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.



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## **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



# Overview of the Electronic Direct Certification System

- ins
- The *Electronic Direct Certification System* contains confidential data.
- You must have a login name and password to IWAS to access WINS.
- The *Electronic Direct Certification System* is available from the main dashboard in *WINS*.
- All rules and regulations regarding the use of this data including confidentiality and disclosure must be followed.

No Sponsor notes. Please use the Show Existing Site Notes link below.

Show existing site alerts

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

To change the contact information, please refer to the instructions under the Help/Question icon at the top of the screen.

+Add Contact +Add Address

**♂**×

#### Mailing Address

Springfield SD 186 1900 W Monroe St Springfield, IL, 62704-15

Springfield, IL, 62704-1531(Sangamon) Show Map ♥

#### District Superintendent (Auth. Rep.)

 Name:
 Mrs. Jennifer E Gill

 Title:
 Superintendent

 Business
 (217) 525-3002

 Fax
 (217) 525-3005

 Email:
 district@sps186.org

#### **Delivery Address**

Springfield SD 186 530 W Reynolds St Springfield, IL, 62702-5030(Sangamon) Show Map ♥

#### Sponsor Contact

Name: Janet M Miller Title:

Business (217) 525-3048 x326 Fax (217) 525-3179 Email: jmiller@springfield.k12.il.us

Sponsor Claim Contact

Name: Title:

B.

Business Fax Email: Janet M Miller (217) 525-3048 x326

(217) 525-3179 jmiller@springfield.k12.il.us

Sponsor Tasks Sponsor Applications & Participation

Site Applications

Claims & Monitoring

**Sponsor Info** 

**♂**×

#### Administrative Tasks Site Application Tasks Sponsor Tasks **Batch Daily Meal Counts** B. Enroll Site In New Program x X **Batch Participation Detail** Ø, **Edit Site Questionnaire** iei. O. **Provision Group Maintenance Edit Program Participation** + **Edit Participation Detail** Add New Site Deactivate/Re-activate Site(s) Deactivate Sponsor Budget Reports Waiver Submissions No WINS Budgets required. Participation / Claiming Summary By Site Applications Not Rec -**Direct Certification** Deleted Sites Claim Data Report 四 Summary Reports - Applications Submitted for Sponsor A Summary Reports - Applications Submitted for Sites 冯 Summary Reports - List of Sites and Applications Submitted

# **Direct Certification in Illinois**

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

- Illinois Department of Human Services (IDHS) for <u>SNAP and</u> <u>TANF records</u>,
- Illinois Department of Healthcare and Family Services (HFS) for income-eligible Medicaid records (reinstated in November 2016), and
- Illinois Department of Children and Family Services (DCFS) for foster children records.

# What is Direct Certification?

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

# **Frequency of Direct Certification**

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

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# **Eligibility Process**



### Step One:

- Begin July 1 Annually
- Maximize DirectCertification
  - Access and process the July Annual File or complete Upload of Enrollment File
    - Could also include August File, depending on start date of school and preference
  - Extend benefits if SNAP, TANF or Income Eligible Medicaid

### Step Two:

 Notify households directly certified for free meals benefits.

### Step Three:

 Distribute a HEA (Letter to Household, Application and Instructions) to all household not directly certified for meal benefits.

# **Eligibility Process**

- Step Four:
  - Process HEA according to USDA requirements within 10 days of receipt
  - Continue to document directly certified students, if possible

- Step Five:
  - Notify all households who submitted HEA if approved or denied.
- Step Six:
  - Throughout the school year, access direct certification reports and process all submitted HEAs.

### **Electronic Direct Certification Home**



#### 10me

**Direct Certification** 

SNAP/TANF/MEDICAID

Homeless/Migrant/Headstart

File Upload Match

Single Child Match

CEP Validation File Match

Contact Us

Change RCDT

#### **Illinois State Board of Education**

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

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

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

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

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

Please refer to the Electronic Direct Certification section of the Administrative Handbook for complete det

is or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST, Monday - Friday or Click here to Conta Copyright © 2009-2017, Illinois State Board of Education

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

Whole Child ● Whole School ● Whole Community

# **Electronic Direct Certification**

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

# **Annual/Monthly Match**

(Public School Districts ONLY)

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



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# **Annual/Monthly Match**

(Public School Districts ONLY)



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

# Illinois State Board of Education

Select a file to Download										
File Type	Approximate	Mateir Date	Access Data	Download	Print					
Annual	Records 6,733	07/02/2016		H	<u>a</u>					
Monthly	92	06/01/2016	06/01/2016	war.	4					
Monthly	105	05/01/2016	05/02/2016	-	4					
Monthly	78	04/01/2016	04/01/2016		4					
Monthly	201	03/01/2016	03/03/2016	-	<b>4</b>					
Monthly	123	02/01/2016	02/01/2016	a	4					
ıvıonthly	87	01/05/2016	01/07/2016	<sub>e</sub>	₫					
Monthly	261	12/01/2015	12/02/2015		4					
Monthly	215	11/01/2015	11/02/2015	-	4					
Monthly	1,071	10/01/2015	10/01/2015	H	4					
Monthly	No matches found	09/01/2015		N/A	N/A					
Monthly	220	08/01/2015	08/05/2015		₫					

# **Annual Match Steps**



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#### Direct Certification

#### SNAP/TANF/MEDICAID

Homeless/Migrant/Headstart File Upload Match

Single Child Match

**CEP Validation File Match** 

Contact Us

Change RCDT

#### Download File

Each public school district LEA will have a download file named Annual. This file is created one time per year (early July) by ISBE to compare students enrolled in the Student Information System (SIS) with the current SNAP/TANF/MEDICAID/FOSTER file. Public school districts are encouraged to update student eligibility using the Annual file first.

A Monthly file is created for all public schools the first of the month for each month thereafter (September – June). The August file will compare to the previous school year SIS records. The September- June Monthly file will compare to the current school year SIS records. A zero record match may result from either no new matches or a district not having a current school year SIS record. Each Monthly file is NOT a cumulative file, and must be used in conjunction with the Annual Report.

If any LEA uploads a file with student information to match to the SNAP/TANF database, the download file(s) will be named Sponsor File with the appropriate date.

For each file, the LEA must maintain the documentation from the Printed Report. The option to Download the data is available to ease transfer of data into another computer program.

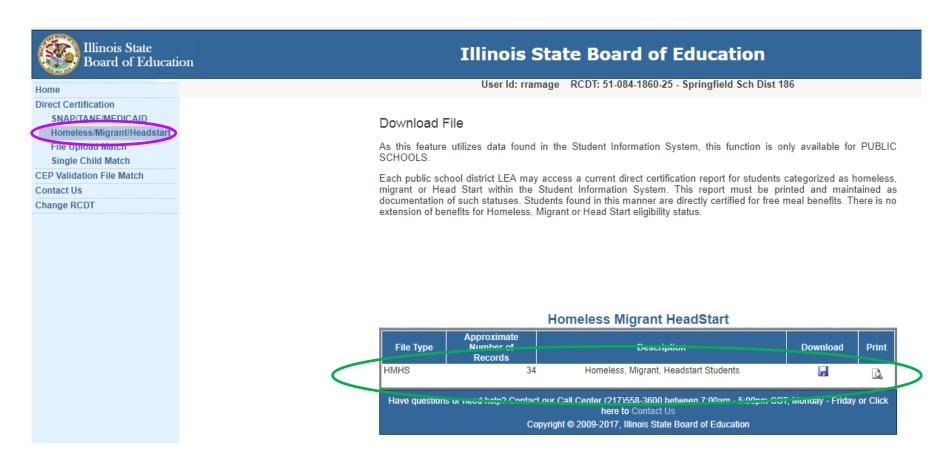
Students found in this manner are directly certified for free meal benefits. Direct Certification benefits are extending to other household members when the status is SNAP, TANF, or income Eligible MEDICAID. There is no extension of benefits for Foster eligibility status.

#### SNAP/Tanf/Medicaid Monthly/Annual Match Files

File Type	Approximate Number of Records	Match Date	Access Date	Download	Print
Monthly	475	08/01/2017		-	4
Annual	8,511	07/01/2017			<u>a</u>

# Homeless, Migrant, Head Start

**Effective SY2018-2019:** Only Available September 1 – June 30



# Annual/Monthly Match (Public School Districts ONLY)

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

# Sponsor Match (ALL LEAS)

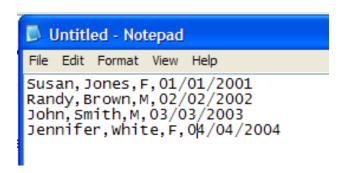
- Any LEA may upload a <u>comma delimited file</u> at any time.
- Each file must contain the following fields:
  - First Name,
  - Last Name,
  - Gender, (F-Female, M-Male)
  - Birth date (month/day/year, 01/17/2004)
- An optional 5<sup>th</sup> and 6<sup>th</sup> column of data may be added.
  - Such fields will be returned unchanged in the sponsor match file.
  - May be helpful to include SIS ID number, name of school, etc. for ease of matching to overall student file.
- Results will be displayed as File Type: Sponsor File

# Sponsor Match (ALL LEAS)

- Results will identify the students included on the upload file that are receiving SNAP/TANF/income eligible Medicaid/Foster Child benefits.
- Students on this report/file <u>may</u> be directly certified for free meals/milk if the LEA determines that the students are enrolled in the school/school district.

### What is a comma delimited file?

- A file format that is used for uploading data to the *Electronic Direct Certification System*.
- A comma delimited file uses a <u>comma</u> to separate values.
  - Example: Susan, Jones, F,01/01/2007
- See sample in Notepad below.
- More detailed information about comma delimited files and how to create one in both Notepad and Microsoft Excel are included in the Guidance Document.



### **Duplicate Matches for Same Student**

- In some instances, a student might be found in one program file one month, and another program file another month.

  This is a duplicate student match.
- If this occurs, please use the following as the hierarchy of direct certification status:
  - SNAP
  - 2. TANF
  - 3. Income Eligible Medicaid
  - 4. Foster

# Single Child Lookup (ALL LEAS)

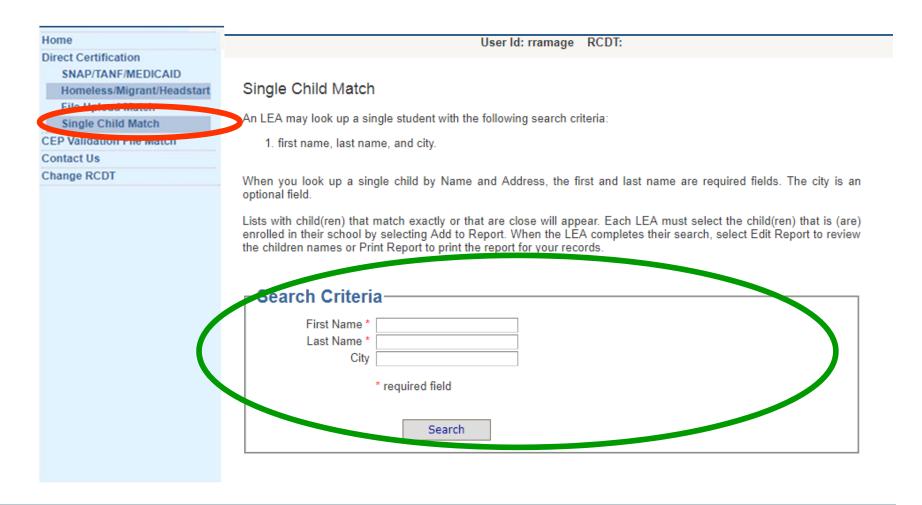
- LEA may search for a single student who may be receiving SNAP/TANF/Income Eligible Medicaid/Foster Child benefits.
- An LEA may search First name, Last name, and City.
- A Single Child Lookup Report is available.
  - Please limit each report to 8 students!
  - There is no limit to the number of Single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



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# Single Child Match

### Name and Address Search



# **Exact Match and Close Match**

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



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# USDA Policy- Extending SNAP/TANF/Income Eligible Medicaid Eligibility for Free Meal Benefits

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

# **Required Notification to Households**

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

# **Maximizing the Direct Certification Numbers**

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

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

## **How Are Meal Benefits Determined?**

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

### 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.



## Illinois State Board of Education

# Household Eligibility Applications

All Household Members (Attack	ah amati			15									T Cho	ck if Emo		
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# **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					
All Household Members (Attach another sheet of paper if necessary.)										Check if Error Prone A					
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last  (for Student only) School Name  (for Student only) School Name  SNAP OR TANF CASE NUMB 4 if you list a SNAP or TANF case num TANF must be provided below. If you re not directly certified for free meals, you household size and income.								mber. A	t least o	Check if Foster Child*					
		•			* A fos	ter child	is the l	egal res	ponsibil	lity of a v	welfare a	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, N	Migrant, Run	away, or Head	d Start (Categorica	ally 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

	GRO	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)										
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?		
	\$			\$		\$			s			
i.,	\$			\$		\$	22		s			
ii.	\$			\$		\$			s			
<i>I</i> .	\$			\$		\$			\$			
<i>I.</i>	\$			\$		\$			s			

# **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 Secur	ity 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>I do not have a social security number</i> box.  I do not have a social security number.									
	application is true and all income is reported. I understand the school nation. I understand if I purposely give false information, my c	will get Federal funds based on the information I give. I understand school shildren 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 r ☐ Asian ☐ White	racial identities:  ☐ Black or African Americ ☐ American Indian or Ala		☐ 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
  - Determining Official cannot be a part of the verification process

#### **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-F			chool D	District.	Instruct	ions on	back.				L USE	ONLY e Application	
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only)	4 if yo TANF not dir	must be rectly ce	SNAP or e provide	r TANF ed belov or free m	w. If you					Foster Child*	



#### **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   Per: Week	Every 2 Twice a Weeks Month Month	NUMBER IN 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 ☐ SNAP or ☐ migrant ☐ foster ch ☐ runaway ☐ househo	ild	□ Denied—Reason: □ income too high □ incomplete application □ Non-qualifying SNAP/TANF	Date Withdrawn:							
	Signature of Determining C	Official	Date:							
<b>68-03 School Year 2018-2019</b> NSSTAP (7/18)										



### **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**

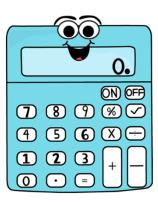


- HEAs based on income must contain:
  - Names of all household members including the child(ren) who will receive benefits
  - All household members receiving incomes and the frequency of each income
    - Blank Income Section is processed as ZERO INCOME.
  - Signature and last 4 digits of the social 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 2019 INCOME ELIGIBILITY GUIDELINES**

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2018, through June 30, 2019:

						lity Guidelines 2018, to June 30,	2019					
Household Size		130% F	Free Meals ederal 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	15,782	1,316	658	607	304	1	22,459	1,872	936	864	432	
2	21,398	1,784	892	823	412	2	30,451	2,538	1,269	1,172	586	
3	27,014	2,252	1,126	1,039	520	3	38,443	3,204	1,602	1,479	740	
4	32,630	2,720	1,360	1,255	628	4	46,435	3,870	1,935	1,786	893	
5	38,246	3,188	1,594	1,471	736	5	54,427	4,536	2,268	2,094	1,047	
6	43,862	3,656	1,828	1,687	844	6	62,419	5,202	2,601	2,401	1,201	
7	49,478	4,124	2,062	1,903	952	7	70,411	5,868	2,934	2,709	1,355	
8	55,094	4,592	2,296	2,119	1,060	8	78,403	6,534	3,267	3,016	1,508	
For each additional family member, add	5,616	468	234	216	108	For each additional family member, add	7,992	666	333	308	154	

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, 2018, to June 30, 2019												
	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	15,782	1,316	658	607	304	1	22,459	1,872	936	864	432		
2	21,398	1,784	892	823	412	2	30,451	2,538	1,269	1,172	586		
3	27,014	2,252	1,126	1,039	520	3	38,443	3,204	1,602	1,479	740		
4	32,630	2,720	1,360	1,255	628	4	46,435	3,870	1,935	1,786	893		
5	38,246	3,188	1,594	1,471	736	5	54,427	4,536	2,268	2,094	1,047		
6	43,862	3,656	1,828	1,687	844	6	62,419	5,202	2,601	2,401	1,201		
7	49,478	4,124	2,062	1,903	952	7	70,411	5,868	2,934	2,709	1,355		
8	55,094	4,592	2,296	2,119	1,060	8	78,403	6,534	3,267	3,016	1,508		
For each additional family member, add	5,616	468	234	216	108	or each Iditional family ember, add	7,992	666	333	308	154		

Example: Household of 4 with income received Twice Per Month

• Eligible for FREE if total income is \$1,360 or below

Example: Household of 2 with income received Weekly

• Eligible for REDUCED if total income is \$413 - \$586

#### **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 HFA.
  - 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 2018-2019 DOCUMENTS

- NSLP/SBP Letter to Households, Application, and Instructions (68-06)
  - Spanish Version
- NSLP/SBP Letter to Households ONLY (68-06) Editable Word Version [4]
  - Spanish Version
- Special Milk/IL Free Letter to Households, Application, and Instructions (68-13)
- Special Milk/IL Free Letter to Households ONLY Editable Word Version
  - Spanish Version

#### INSTRUCTIONS TO SPONSORS

- Income Eligibility Guidelines
  - FY 2019

#### 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
- 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)

# Contact Us

**Nutrition Division** Illinois State Board of Education

**Telephone:** 800/545-7892 in Illinois only

217/782-2491

217/524-6124 Fax:

**Email:** cnp@isbe.net

Website: www.isbe.net/nutrition

