Direct Certification and Certification

Nutrition Division

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NUTRITIONAL
PURSUIT

SNP Back to School Conference
ISBE Nutrition Division

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.

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*
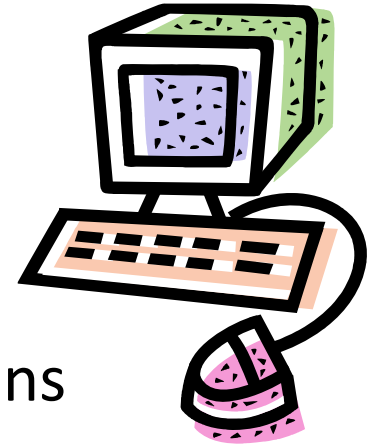
OR

- 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

- 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 alerts. Please use the Show Existing Site Alerts link below.

Comments/Notes [-]

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, 62704-1531(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:	Janet M Miller
Title:	
Business	(217) 525-3048 x326
Fax	(217) 525-3179
Email:	jmiller@springfield.k12.il.us

Sponsor Tasks | **Sponsor Applications & Participation** | **Site Applications** | **Claims & Monitoring** | **Sponsor Info**

Administrative Tasks

Sponsor Tasks	Site Application Tasks
Batch Daily Meal Counts	Enroll Site In New Program
Batch Participation Detail	Edit Site Questionnaire
Provision Group Maintenance	Edit Program Participation
Add New Site	Edit Participation Detail
Deactivate/Re-activate Site(s)	
Deactivate Sponsor	

Reports	Budget
Waiver Submissions	No WINS Budgets required.
Participation / Claiming Summary By Site	
Applications Not Received	
Direct Certification	
Deleted Sites	
Claim Data Report	
Summary Reports - Applications Submitted for Sponsor	
Summary Reports - Applications Submitted for Sites	
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 **SNAP and TANF records**,

- 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

3. 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!

Eligibility Process

- **Step One:**
  – Begin July 1 Annually
  – Maximize Direct Certification
    - 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

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 1st 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.

Annual/Monthly Match
(Public School Districts ONLY)
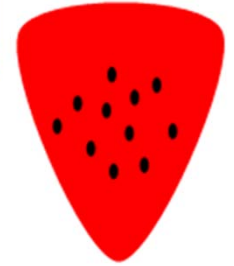
○ The *Monthly* file will identify any new students that are enrolled in SIS (Current Month Records) that did NOT appear on the *Annual* file for your district that are receiving SNAP/TANF/income eligible Medicaid/Foster child benefits.

○ *Monthly* files will identify the number of matches found via this match. In some cases, this will be zero.

○ Students on this report/file, currently enrolled in your district, are automatically eligible for free meals/milk, **regardless of the case ID number and the address listed on the file.**

○ 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 1st of the month as possible.

Annual Match Steps

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 5th and 6th 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*
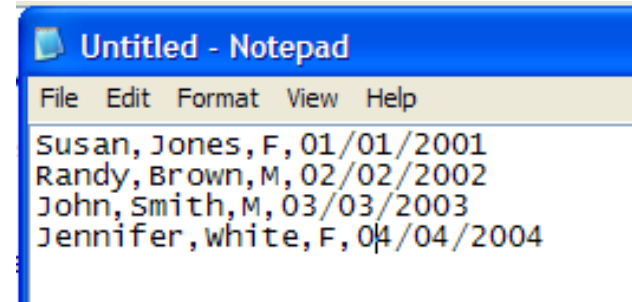
Sponsor Match (ALL LEAs)

- 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 comma 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*.

Untitled - Notepad
File   Edit   Format   View   Help
Susan,Jones,F,01/01/2001
Randy,Brown,M,02/02/2002
John,Smith,M,03/03/2003
Jennifer,White,F,04/04/2004

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:

  1. 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.

Single Child Match
Name and Address Search

User Id: rramage   RCDT:

Single Child Match

An LEA may look up a single student with the following search criteria:

    1. first name, last name, and city.

When you look up a single child by Name and Address, the first and last name are required fields. The city is an optional field.

Lists with child(ren) that match exactly or that are close will appear. Each LEA must select the child(ren) that is (are) enrolled in their school by selecting Add to Report. When the LEA completes their search, select Edit Report to review the children names or Print Report to print the report for your records.

Home
Direct Certification
    SNAP/TANF/MEDICAID
    Homeless/Migrant/Headstart
    File Upload Match
    Single Child Match
CEP Validation File Match
Contact Us
Change RCDT

Search Criteria

First Name * [   ]
Last Name * [   ]
City [   ]

    * required field

[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.

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.

Household Eligibility Applications

1. All Household Members (Attach another sheet of paper if necessary.) ☐ Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.	Check if Foster Child*
				☐
				☐
				☐
				☐
				☐
				☐

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

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

☐ Homeless   ☐ Migrant   ☐ Runaway   ☐ Head Start   Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date

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

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

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

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   ☐ 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: ☐ Reduced based on: ☐ Denied—Reason:
☐ homeless   ☐ SNAP or TANF   ☐ household's income   ☐ income too high
☐ migrant   ☐ foster child   ☐ incomplete application
☐ runaway   ☐ household's income   ☐ Non-qualifying SNAP/TANF   Date Withdrawn: _____
☐ Head Start

Signature of Determining Official   Date: _____

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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	
1. All Household Members (Attach another sheet of paper if necessary.)				☐ Check if Error Prone Application	
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) **School Name**	(for Student only) **Grade**	**SNAP OR TANF CASE NUMBER ONLY** Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you **MUST** apply based on household size and income.		**Check if Foster Child***
					☐
					☐
					☐
					☐
					☐
					☐
				* A foster child is the legal responsibility of a welfare agency or court.	

Household Eligibility Applications

- Section 2 – Homeless, Migrant, Runaway, Head Start
  - Remember, Direct Certification Report is now available to simplify documentation.
  - A household may mark one of these, but a signature of the appropriate liaison or coordinator is required for FREE meal benefits to be approved
  - Check Annual or Monthly direct cert files – Public Schools
  - Regardless of whether a SNAP or TANF ID number is provided, use direct cert system, Single Child Match – Public or Private Schools

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

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start _____ _____
Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director   Date

Household Eligibility Applications

- ## Section 3 – Income Information
  - – All household members with income must be included, and an amount AND frequency must be included

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	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.	$		$		$		$	

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

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: Mark one or more racial identities:
☐ Hispanic/Latino   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian or Other Pacific Islander
☐ Not Hispanic/Latino   ☐ 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
- 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:
  - <u>Above or below</u> FREE income guidelines; OR
  - <u>Below</u> 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.

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 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*
				☐

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 _____
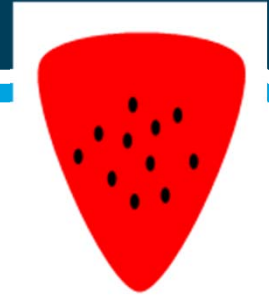
LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion   Weekly X 52   Every 2 Weeks X 26   Twice a Month X 24   Once a Month X 12

☐ **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

Signature of Determining Official _____

Date Withdrawn: _____
Date: _____

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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
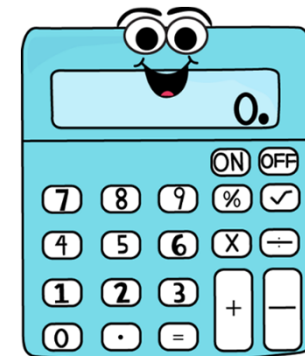
FISCAL YEAR 2019 INCOME ELIGIBILITY GUIDELINES

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

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	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

Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,782	1,316	658	607	304	1	22,459	1,872	936	864	432
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For each additional family member, add	5,616	468	234	216	108	For each additional family member, 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 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 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
  - 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
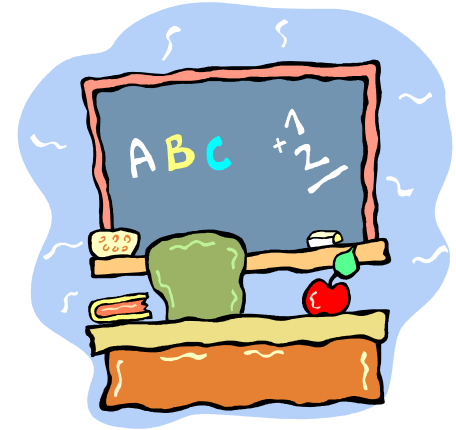
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