Illinois State Board of Education

100 North First Street, W-270
Springfield, Illinois 62777-0001

SAMPLE FORM FOR HOMELESS, MIGRANT, HEAD START COORDINATORS TO NOTIFY LOCAL EDUCATION AGENCIES OR SCHOOLS OF A STUDENT'S STATUS

NUTRITION DEPARTMENT

DATE: _____

TO: Local Education Agency (LEA)

FROM: _____

RE: Children Categorically Eligible for Free Meal Benefits

Homeless, runaway, migrant, Head Start and foster children that are under the legal responsibility of a foster care agency or court are categorically eligible for free meal benefits under the National School Lunch and School Breakfast programs. To identify children eligible under these categories, administrators of these programs including migrant education directors (see list at https://www.niu.edu/illinois-mep/contacts/index.shtml), homeless education liaison. If needed, contact your Regional Office of Education (City of Chicago residents may contact the Chicago Public Schools Office of Students in temporary living situations at 773-553-2225), Head Start directors and foster care agency directors are authorized to provide documentation of the migrant, runaway, homeless, Head Start or foster care status of children.

This memo certifies that the required information was gathered and reviewed and it was determined that the children listed below are categorically eligible for free meal benefits under the National School Lunch and School Breakfast programs for the _____ school year. This documentation is in lieu of Household Eligibility Application for meal benefits. This free meals eligibility remains in effect for the remainder of the school year and for a maximum of 30 operating days into the subsequent school year or until a new determination is made, whichever comes first.

FIRST NAME	LAST NAME	BIRTH DATE	GRADE LEVEL	SCHOOL ATTENDING	HOMELESS, RUNAWAY, MIGRANT, HEAD START, OR FOSTER CHILD

_____   _____
Digital or Original Signature *of Migrant Program Director,*   *Date*
Homeless Liaison, Head Start or Foster Care Agency Director

District/Agency: _____

Address (Street, City, State, ZIP Code): _____

Telephone (Include Area Code): _____

ISBE 50-73 (7/23)