



# Certification of Household Eligibility Applications (HEA)

Nutrition Division

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## 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 required to carryover eligibility from the previous year for 30 operating days into the subsequent school year or until a new determination has been made, whichever comes first.
- Although schools are NOT required to notify households that carryover period has ended, we have a sample form and recommend that you do.
- Household is responsible for any meal charges incurred until new application is received and approved. Refer to your Local school policy on charging meals.



## 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



## 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.



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OR

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OR

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  - 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



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OR

- Categorical Eligibility
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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

- 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.

1. All Household Members (Attach another sheet of paper if necessary.)			SCHOOL USE ONLY				
			<input type="checkbox"/> Check if Error Prone Application				
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you <b>MUST</b> apply based on household size and income.				Check if Foster Child*
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

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



# Household Eligibility Applications

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

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

Homeless    Migrant    Runaway    Head Start

\_\_\_\_\_  
Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

\_\_\_\_\_  
Date



# Household Eligibility Applications

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

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

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	



# Household Eligibility Applications

- Section 4 – Signature/Social Security Number
  - A signature is required for ALL HEAs
  - Last 4 digits of the SSN or an indication of NO SSN is required for ALL INCOME HEAs

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

I **do not** have a social security number.

X X X - X X - \_\_\_\_  
 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







## 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-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

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

**NAMES OF ALL HOUSEHOLD MEMBERS**  
First, Middle Initial, Last

(for Student only)  
School Name

(for Student only)  
Grade

**SNAP OR TANF CASE NUMBER**  
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\*

#### SCHOOL USE ONLY

Check if Error Prone Application



## 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 –

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**INITIAL DETERMINATION**

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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

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**Free based on:**  
 homeless  
 migrant  
 runaway  
 Head Start

**Reduced based on:**  
 SNAP or TANF  
 foster child  
 household's income

**Denied—Reason:**  
 household's income  
 income too high  
 incomplete application  
 Non-qualifying SNAP/TANF

Date Withdrawn: \_\_\_\_\_

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**Signature of Determining Official** \_\_\_\_\_ Date: \_\_\_\_\_

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68-03 School Year 2019-2020 NSSTAP (5/19)



## 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

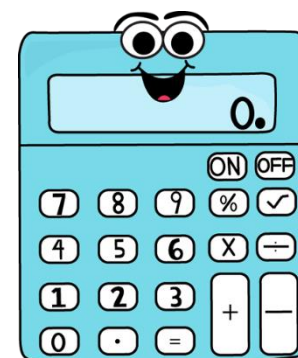
- HEAs based on income must contain:
  - Names of all household members including the child(ren) who will receive benefits
  - All household members receiving incomes and the frequency of each income
    - **Blank Income Section is processed as ZERO INCOME.**
  - Signature and last 4 digits of the social 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 2020 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2019, through June 30, 2020:

Income Eligibility Guidelines Effective from July 1, 2019, to June 30, 2020											
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	16,237	1,354	677	625	313	1	23,107	1,926	963	889	445
2	21,983	1,832	916	846	423	2	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	3	39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644	4	47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755	5	55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865	6	63,992	5,333	2,667	2,462	1,231
7	50,713	4,227	2,114	1,951	976	7	72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086	8	80,346	6,696	3,348	3,091	1,546
For each additional family member, add	5,746	479	240	221	111	For each additional family member, add	8,177	682	341	315	158

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, 2019, to June 30, 2020

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	16,237	1,354	677	625	313	1	23,107	1,926	963	889	445
2	21,983	1,832	916	846	423	2	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	3	39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644	4	47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755	5	55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865	6	63,992	5,333	2,667	2,462	1,231
7	50,713	4,227	2,114	1,951	976	7	72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086	8	80,346	6,696	3,348	3,091	1,546
For each additional family member, add	5,746	479	240	221	111	each additional family member, add	8,177	682	341	315	158

Example: Household of 4 with income received Twice Per Month

- Eligible for FREE if total income is \$1,395 or below

Example: Household of 2 with income received Weekly

- Eligible for REDUCED if total income is \$424 - \$602



## 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

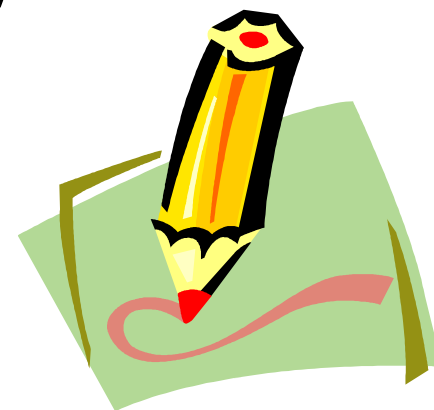
**Denied**

- 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.





## SY 2019-2020 DOCUMENTS

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

## INSTRUCTIONS TO SPONSORS

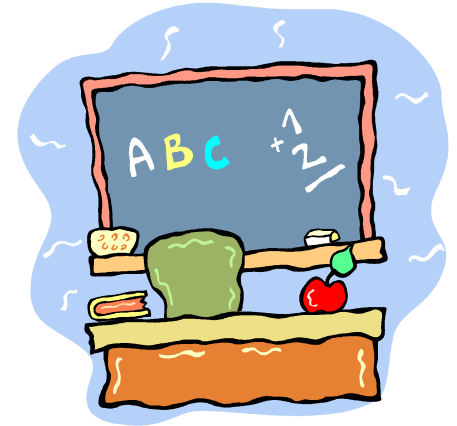
- Income Eligibility Guidelines
  - [FY 2020](#) 

## ADDITIONAL FORMS

- Denial/Approval Notification Letter (68-02) 
  - Word Version 
  - Spanish PDF Version 
  - Spanish Word Version 
- Disclosure Form 
  - Spanish Version 
- Direct Certification Sample Letter (69-15) 
  - Word Version 
  - Spanish Word Version 
- Extension of SNAP/TANF Eligibility to Household (54-45) 
- Homeless, Runaway, Migrant, Head Start, and Foster Child Certification Form (50-73) 
- 30-Day Carryover Period Ending (68-11) 
  - Word Version 
- Public Announcement - Federal and State Meal Programs (68-04) 



## Contact Us



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