

HAMILTON COMMUNITY CONSOLIDATED SCHOOL DISTRICT NO.328
270 NORTH 10TH STREET HAMILTON, ILLINOIS 62341

Dear parent or Guardian:

Children need healthy meals/milk to learn. Hamilton C.C. School District #328, offers healthy meals/milk every school day. Price of Meals are: Breakfast (elementary only): \$1.50 per day;
Elementary lunches, PK-6: \$1.75 per day;
Jr./Sr. High School lunches, 7-8: \$2.00 per day;
Milk: \$0.25 per carton.

Your child(ren) may qualify for free or reduced-price meals or free milk. Reduced-price is \$0.30 for breakfast and \$0.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:

Meals Coordinator
Hamilton Elementary School Office
1830 Broadway
Hamilton, Illinois 62341
217-847-3811

Meals Coordinator
Hamilton Jr./Sr. High School Office
1100 Keokuk Street
Hamilton, Illinois 62341
217-847-3313 x300

Your child(ren) may qualify for free or reduced-price meals if your household income falls within the Federal Income Guidelines.

For school year 2010-2011 only, the United States Department of Agriculture has provided a waiver from the requirement to include the Federal Income Eligibility Guidelines for reduced price meals on this letter. All households are encouraged to apply for meal or milk benefits. (USDA Authority Section 125(1) of the NSLA)

Here are answers to questions you may have about applying:

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced-price meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to person listed above.
2. **Who can get free meals/milk?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your children can get free meals/milk.
3. **Can homeless, runaway, migrant or Head Start children get free meals?** Please call (or contact the school) to see if your child(ren) qualifies, if you have not been informed that they will receive free meals.
4. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines (IEG).
5. **My child receives SNAP or TANF benefits. The school provided me a letter that stated that my child is eligible for free meals via the Direct Certification Process. Do I need to do anything more to ensure that I receive free meals for my child?** No. You do not need to do anything more to receive the free meals. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
6. **My child's application was approved last year. Do I need to fill out another one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. **I get Women, Infants, and Children (WIC). Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
8. **Will the information I give be checked?** Yes. We may ask you to send written proof of the information you give.
9. **If I do not qualify now, may I apply later?** Yes. You may apply at any time during the school year.
10. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
11. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
12. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
13. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
14. **We are in the military. Do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
15. **My spouse is deployed to a combat zone. Is her combat pay counted as income?** No. If the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
16. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

Enclosure

LHH (7/10)

Mr. Joe Yurko, Superintendent

1. All Household Members (Use a separate application for each foster child)

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	School Name (for student only)	Grade (for student only)	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 5 if you list a SNAP or TANF case number (for each student)										Check if NO Income			
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

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

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

Migrant Head Start

3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check box at left. List the amount of the child's personal-use monthly income. If none, indicate \$0.00 \$ _____ Skip to 5

4. 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.	\$		\$		\$		\$	

5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box. _____ 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 _____ Address of Adult Household Member _____

6. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, Zip Code) _____

7. 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

8. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here: _____

SCHOOL USE ONLY—LEA must use annual conversion on all applications in district. Convert income only if different frequencies of pay are reported.

INITIAL DETERMINATION Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

Free based on: categorical eligibility homeles migrant runaway Head Start

SNAP or TANF foster child's income household's income

Reduced based on: foster child's income household's income

Denied—Reason: income too high incomplete application

Temporary: free reduced Until: _____ Until: _____ (maximum is 45 days each)

Signature of Determining Official: _____ DATE WITHDRAWN: _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS.

CONFIRMATION (Prior to verification and only for those applications selected for verification.) Signature of Confirming Official: _____ Date _____

VERIFICATION

DATE VERIFICATION NOTICE SENT: _____	INITIAL DETERMINATION <input type="checkbox"/> Free based on SNAP/TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced to Paid <input type="checkbox"/> Free to Free <input type="checkbox"/> Reduced to Paid	REASON FOR CHANGE: <input type="checkbox"/> Income: _____ <input type="checkbox"/> Did not respond <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Other: <input type="checkbox"/> Change in SNAP/TANF	DATE NOTICE OF STATUS CHANGE SENT: _____ EFFECTIVE DATE OF STATUS CHANGE: _____
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact	Results	Verifying Official's Signature: _____	Date: _____

Per policy memo SP 28-2010 from the United States Department of Agriculture (USDA), in making eligibility determinations for school year 2010-2011, schools and institutions should utilize the current 2009-2010 IEGs to make such determinations until further notice. Such determinations shall be effective for the certification period set forth in the applicable program's regulations (e.g., for school programs, from the date of approval through the remainder of the current school year and up to 30 operating days of the following school year).

FISCAL YEAR 2010 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2009, through June 30, 2010:

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	14,079	1,174	587	542	271	1	20,036	1,670	835	771	386
2	18,941	1,579	790	729	365	2	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	3	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	4	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	5	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	6	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	7	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	8	68,469	5,706	2,853	2,634	1,317
For each additional family member, add	4,862	406	203	187	94	For each additional family member, add	6,919	577	289	267	134

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.

FEE WAIVERS

The School Board may establish fees and charges to fund certain school activities. School fees may include, but are not limited to: textbooks and instructional materials; charges and deposits for use of school property; charges for field trips; charges for uniforms or equipment; charges for supplies of particular classes; school record fees; and Driver Education fees.

The Board recognizes that some students will be unable to pay these fees. However, students shall not be denied educational services or academic credit due to the inability or unwillingness of parent(s) or guardian(s) to pay fees and charges.

Students whose parents are unable to afford student fees may receive a waiver of the instructional fees listed in the District Student/Parent Handbook. These students are not exempt from charges for lost and damaged books, locks, materials, supplies and equipment.

At the beginning of each school year, the School District's waiver of school fees policy will be given in writing to each student's parent(s) or guardian(s). A fee waiver application form shall be included with the notification. The notification shall be in English or the home language of the parent(s) or guardian(s).

Applications for fee waivers may be submitted by a parent/guardian of a student who has been assessed an instructional fee on an application form available from the Building Principal. A student shall be eligible for a waiver of a fee when at least one of the following prerequisites are met:

1. The student is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children).
2. The student is currently eligible for Free or Reduced Price Meals pursuant to Ill. Rev. Stat., ch. 122, para. 712.1 et seq.

**APPLICATION FOR FEE WAIVER
(TO BE SUBMITTED TO THE BUILDING PRINCIPAL)**

Name of Student: _____

Name of School: _____

Purpose of Fee: _____ Amount of Fee: _____

I, the undersigned parent/guardian of _____
hereby request that the School Board of School District No.328 waive the above mentioned
school fee pursuant to Illinois Revised Statutes, ch. 122, para. 10-20.13.

I further state, in support of this waiver request, that one of the following statements is true and
accurate (please check at least one):

_____ The above named student is currently receiving aid under Article IV of the Illinois
Public Aid Code [Aid to Families with Dependent Children (AFDC)] and I am
enclosing evidence of participation in AFDC;

_____ The above named student is currently eligible for Free or Reduced Price Meals
pursuant to Ill. Rev. Stat., ch. 122, para. 712.1 et seq.;

_____ While none of the above two statements is true and accurate, there are other
reasons why I am unable to afford the school fee assessed to the above named
student. These other reasons are (describe in full detail):

I have reviewed the District's policy and am specifically aware that supplying false information
to obtain a fee waiver is a Class 4 felony (Ill. Rev. Stat.,
ch.38, para. 17-6). I attest that the statements made herein are true and correct.

Parent/Guardian Signature: _____ Date: _____

Please print name _____

Address: _____