

INCOME ELIGIBILITY GUIDELINES
Effective from July 1, 2017 to June 30, 2018

HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES ANNUAL	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES											
1	16,240	22,311	1,860	930	869	430	15,678	1,307	654	603	302
2	20,420	30,044	2,504	1,252	1,156	578	21,112	1,760	880	812	406
3	24,600	37,777	3,149	1,575	1,453	727	26,546	2,213	1,107	1,021	511
4	28,780	45,510	3,793	1,897	1,751	876	31,980	2,665	1,333	1,230	615
5	32,960	53,243	4,437	2,219	2,048	1,024	37,414	3,118	1,559	1,439	720
6	37,140	60,976	5,082	2,541	2,346	1,173	42,848	3,571	1,786	1,648	824
7	41,320	68,709	5,726	2,863	2,643	1,322	48,282	4,024	2,012	1,857	929
8	45,500	76,442	6,371	3,186	2,941	1,471	53,716	4,477	2,239	2,066	1,033
For each add'l family member, add	4,186	7,733	645	323	298	149	5,434	453	227	209	105
ALASKA											
1	15,080	27,861	2,322	1,161	1,072	536	19,578	1,632	816	753	377
2	18,260	37,537	3,129	1,565	1,444	722	26,377	2,199	1,100	1,015	508
3	21,440	47,212	3,935	1,968	1,816	908	33,176	2,765	1,383	1,276	638
4	24,620	56,888	4,741	2,371	2,188	1,094	39,975	3,332	1,666	1,536	769
5	27,800	66,563	5,547	2,774	2,561	1,281	46,774	3,898	1,949	1,799	900
6	30,980	76,239	6,354	3,177	2,933	1,467	53,573	4,465	2,233	2,061	1,031
7	34,160	85,914	7,160	3,580	3,305	1,653	60,372	5,031	2,516	2,322	1,161
8	37,340	95,590	7,966	3,983	3,677	1,839	67,171	5,598	2,799	2,584	1,292
For each add'l family member, add	5,200	9,676	807	404	373	187	6,799	567	284	262	131
HAWAII											
1	13,860	25,641	2,137	1,069	987	494	18,018	1,502	751	693	347
2	16,040	34,540	2,879	1,440	1,329	665	24,271	2,023	1,012	934	467
3	18,220	43,438	3,620	1,810	1,671	836	30,524	2,544	1,272	1,174	587
4	20,400	52,337	4,362	2,181	2,013	1,007	36,777	3,065	1,533	1,415	708
5	22,580	61,235	5,103	2,552	2,356	1,178	43,030	3,586	1,793	1,655	828
6	24,760	70,134	5,845	2,923	2,698	1,349	49,283	4,107	2,054	1,896	948
7	26,940	79,032	6,586	3,293	3,040	1,520	55,536	4,628	2,314	2,136	1,068
8	29,120	87,931	7,328	3,664	3,382	1,691	61,789	5,150	2,575	2,377	1,189
For each add'l family member, add	4,180	8,899	742	371	343	172	6,253	522	261	241	121

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 Ship to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.										Check if Foster Child		
			-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>
			-	-	-	-	-	-	-	-	-	-	-	-	<input type="checkbox"/>

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

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

- 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.

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)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc. (All other income)	
	B. Amount	How often?	C. Amount	How often?	D. Amount	How often?	E. 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
 White American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

7. 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: _____

— 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 _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR SCHOOLS/DISTRICTS THAT ONLY PARTICIPATE IN ILLINOIS FREE AND/OR SPECIAL MILK PROGRAMS

CONFIRMATION (Prior to verification and only for those applications selected for verification.)

Signature of Confirming Official _____

Date: _____

VERIFICATION

DIRECT VERIFICATION COMPLETED <input type="checkbox"/>	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT:
DATE VERIFICATION NOTICE SENT: _____	<input type="checkbox"/> Free based on SNAP/TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	<input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in SNAP/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other _____	_____
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)				EFFECTIVE DATE OF STATUS CHANGE: _____
DATE, METHOD, RESULTS OF FOLLOW-UP: _____ (recommend 3 business days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact	Verifying Official's Signature _____		Date: _____