



## Meals and School Fees Assistance 2025-2026

Dear Parent / Guardian,

***District 120 offers assistance to qualifying families for meals and school fees.***

The District uses the Federal Free and Reduced income eligibility guidelines to determine the eligibility for assistance.

Eligibility is based on family income per the Federal Income Eligibility Guidelines. **All** household members that receive ANY type of compensation (*full or part time employment, unemployment, alimony, child support, social security, worker's compensation, etc.*) **MUST report the GROSS (before taxes) income amount.**

***All applications require submission of income documentation.***

### **Acceptable proof of Income includes:**

**JOBS:** (2) Paycheck stub that shows the GROSS amount and how often pay is received, or letter from employer stating GROSS wages and how often they are received, or business owner papers showing profit/loss and taxes. ***INCOME TAX RETURNS WILL NOT BE ACCEPTED***

**SOCIAL SECURITY, OR PENSIONS:** SS retirement benefit letter or statement of benefits received, or pension award notice.

**UNEMPLOYMENT, DISABILITY OR WORKERS COMPENSATION:** Notice of eligibility from State employment security office, or check stub or letter from Worker's Compensation.

**WELFARE:** Benefit letter from welfare agency.

**CHILD SUPPORT or ALIMONY:** Court decree agreement or copies of checks received.

**IF NO INCOME IS RECEIVED:** Submit a written explanation for any extenuating circumstances that you would like the district to consider.

***If income cannot be verified... Fee waiver eligibility will be for the reduced amount only.***

***Please submit application and income documentation to the Main Office***

# APPLICATION FOR MEAL and/or FEE ASSISTANCE

**PLEASE COMPLETE AND RETURN WITH YOUR PROOF OF INCOME/ELIGIBILITY**

SUPPLYING FALSE INFORMATION TO OBTAIN FREE MEALS IS A CLASS 4 FELONY (720ILCS5/17-6)

## Part 1. List ALL Household Members

| Print Name(s) | Student ID # | SNAP or TANF Case # |
|---------------|--------------|---------------------|
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## Part 2 If this application is for a student who is in this category please check and go to part 4

☐ Homeless ☐ Runaway ☐ Migrant ☐ Refugee

## Part 3. Total Household Income

| Name                         | GROSS amount /(how often?) <b>weekly, biweekly, twice a month or annually.</b> |                                 |                           |  |                 |
|------------------------------|--|---------------------------------|---------------------------|--|-----------------|
| Household member with income | Earnings from work before deductions   | Welfare, Child Support, Alimony | Pensions, Social Security | Unemployment, Workers Compensation, etc. | other (savings) |
|                              | \$ /   | \$ /                            | \$ /                      | \$ /                                     |                 |
|                              | \$ /   | \$ /                            | \$ /                      | \$ /                                     | \$ /            |
|                              | \$ /   | \$ /                            | \$ /                      | \$ /                                     | \$ /            |
|                              | \$ /   | \$ /                            | \$ /                      | \$ /                                     | \$ /            |
|                              | \$ /   | \$ /                            | \$ /                      | \$ /                                     | \$ /            |
|                              | \$ /   | \$ /                            | \$ /                      | \$ /                                     | \$ /            |
|                              | \$ /   | \$ /                            | \$ /                      | \$ /                                     | \$ /            |

## Part 4. Signature, Address, Phone Number and Social Security Number

I CERTIFY (PROMISE) ALL INFORMATION ON THIS APPLICATION IS TRUE AND ALL INCOME IS REPORTED. I UNDERSTAND THAT THE SCHOOL WILL GET FEDERAL FUNDS BASED ON THE INFORMATION I GIVE. I UNDERSTAND SCHOOL OFFICIALS WILL CHECK THE INFORMATION. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE INFORMATION, MY CHILDREN MAY LOSE MEAL BENEFITS AND I MAY BE PROSECUTED.

Signature: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Social Security number XXX-XX-\_\_\_\_\_ I do not have a social security number

## Stop Here - School Use Only

Household size \_\_\_\_\_ Income/Frequency \_\_\_\_\_

Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ (reason) Veterans or Active-Duty Military \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_