

MUNDELEIN



HIGH SCHOOL

2018-2019  
MEALS and SCHOOL FEES ASSISTANCE

Dear Parent / Guardian,

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

The District uses the Federal Free and Reduced Meal 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, workman's compensation, etc.*) MUST report the GROSS (before taxes) income amount.

*All applications require submission of income documentation.*

Acceptable proof of Income includes:

**JOBS:** 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:** Provide a note explaining how you provide food, clothing and housing for the household, and when you expect an income

*On 09/01/18, fees previously charged to the student's account may not be waived or reduced.*

# 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)	Grade	SNAP or TANF Case ID #

If you listed a case number, skip to Part 4

**Part 2. Foster Child**

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Go to Part 4

**Part 3. Total Household Income**

Name	GROSS amount /(how often?) weekly OR biwklly OR 2/month OR annual				
Household member with income	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, Social Security	Unemploy., Workers Compen., 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)

completed by: \_\_\_\_\_ date: \_\_\_\_\_