

Dear Parent/Guardian:

Children need proper nutrition to learn. **Butler School District 53** offers healthy meals every school day. Your child(ren) may qualify for free meals. To apply for free 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. If you do not qualify for free meals, the current lunch price is **\$5.50** per meal. Return the completed application to: Kristen Lugo, registration@butler53.com.

Your child(ren) may qualify for free or reduced meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines Effective from July 1, 2023 to June 30, 2024

	Reduced-Price Meals (185% Federal Poverty Guidelines)						
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		
1	26,973	2,248	1,124	1,038	519		
2	36,482	3,041	1,521	1,404	702		
3	45,991	3,833	1,917	1,769	885		
4	55,500	4,625	2,313	2,135	1,068		
5	65,009	5,418	2,709	2,501	1,251		
6	74,518	6,210	3,105	2,867	1,434		
7	84,027	7,003	3,502	3,232	1,616		
8	93,536	7,795	3,898	3,598	1,799		
For each additional family member, add	9,509	793	397	366	183		

- 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 the school.
- 2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- 3. 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 Eligibility Income Chart, shown above
- 4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVEDFOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. 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.
- 5. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
- 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 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 the enclosed application.
- 8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- 9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- 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 U.S. citizens 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- 13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 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,

Dr. Paul O'Malley

APPLICATION FOR FREE MILK/MEALAND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.						SCHOOL USE ONLY				
1. All Household Members (At	ttach another	sheet of pap	er if necessa	ary.)			1	Check If Error F	Prone Application	
NAMES OF ALL HOUSEHOLD MEMBI First, Middle Initial, Last	ERS (to Student School	(tr Suderlant) School Name		(for Student only) Grade	Grade TANF must be provided below			NUMBER ONLY Skip to Part asse number. At least one SNAPy If you receive Medicaid and were calls, you MUST apply based on Child*		
							\vdash			
						2 2				
2. Homeless, Migrant, Runawa	_	rt (Categoric Head Start		r Šchool Homeles	is Lieison, f			gal responsibility of a welf	Dete	
3. Total Household Gross Inco	me (before de	ductions) Yo	ou must tell u	s how mu	ch and	how ofte	n.			
	-						_	ry other week, \$100/week)	
NAMES (LIST ALL HOUSEHOLD MEMBERS	B. Earnings	From Work	C. Welfa	are, Child	D.	Pensions, F	Retirement,	E. Worker's Comp., Unemploy		
WITH INCOME)		eductions)	-	rt, Allmony	158	Social S	_	ment, 881, etc.	Tr.	
	Amount	How often?	Amount	How after	8	Amount	How ofte	n? Amount	How often?	
	8			-	- 6	-		- 2		
i.	\$		\$		8			8		
i.	8	8	\$		8			8		
iv.	\$		\$		8			\$		
ι.	\$	8	\$	-	8	- 1		5	1	
oertify(promise) all information on this ap officials may verify (check) the informa										
Date	Printed	Name of Adult	Household Me	mber	- 1	Signature	of Adult H	ousehold Member		
5. Contact Information (Option Work Telephone Number (Include Area		Telephone Num	ber (Include Are	ea Code)	Hom	e Address (Number, S	Street, City, State, Z		
									ip Code)	
6. Children's Racial and Ethnic	dentities (O	ptional)							ip Code)	
	Ma	200	racial identities. □ Black or A □ American		an ska Nativ		lative Haw	raiian or Other Pacif		
Mark one ethnic identity: Hispanio/Latino	Ma	rk one or more Asian White	■ Black or A	frican Americ Indian or Ala	ska Nativ	ne .		aiian or Other Pacif		
Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino	– THE FC	rk one or more Asian White	☐ Black or A ☐ American	frican Americ Indian or Ala	ska Nativ	use onl	Y-	raiian or Other Pacif		
Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino	Ma	rk one or more Asian White	☐ Black or A ☐ American	frican Americ Indian or Ala	HOOL	use onl	Y-			
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Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino INITIAL DETERMINATION TOTAL INCOME \$ Per: V LEAs must annualize income only when m Annual income Conversion Weekly X s Free based on: homeless SI migrant SI runaway ho	- THE FO	rk one or more Asian White DLL OWING S Twice a Month varying frequence ts X 26 Twice	Black or A American SECTIONS AF Month des, are reported. a Month X 24	RE FOR SC Number Num	HOOL STRIN HOLD:	CHAM STATE	Y-		ic Islander	
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Reset Form

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INSTRUCTIONS FOR APPLYING - COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.).

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities. Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 –Gross Income and How Often it Was Received: For each household member, list each type of income received for the month. You must tell us how often the
 money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount
 earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for
 the month from weifare, child support, allmony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterari's benefits. (VA benefits), and disability
 benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and
 any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For
 ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized
 Housing Intlative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS. FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- Box 1-Name: List all household members with income.
- Box 2 Gross Income and How Offen It Was Received: For each household member, list each type of income received for the month. You must tell us how often the
 money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount
 earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for
 the month from weifare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability
 benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and
 any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.
 FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the Information you give us. The Richard B. Russell National School Lunch Act requires the Information on this application. You do not have to give the Information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number is not required when you apply on behalf of a loster child or you list a Supplemental Nutrition Assistance Program (SNAP). Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retailation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require affemable means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Languages other than English. Persons with disabilities who require affemable program or USDA's TARGET Center at (2021) 720-2600 (vote and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint. Form which can be obtained online at: https://www.usda.cov/elifes/decuments/USDA-OASCR920P-Complaint-Form-DS08-0002-508-11-28-17-802/Mall.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alreged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alreged civil rights violation. The completed AD-3027 from or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax:(833) 256-1665 or (202) 690-7442; or, 3. email: program.intake@usda.gov



This application for a school fee waiver is completely independent from the District process for determining eligibility for free meals. The information must be provided for your application to be considered. Submit completed application and income verification documents to the District Office.

	Student's Name (please print)	School				
_	Parent/Guardian Name (please print)					
_	Address (please print)					
1.	. The student named above lives in my household? [Yes No				
2.	2. Total number of people living in my home					
	Number of adults:					
	Number of minors:					
3.	. Total gross annual household income (before deduction	ons) from all people living in my home				
	\$					
	The above number must include all:					
	Compensation for services, wages, salary, commis Net income from self-employment;	ssions or fees;				
	Social Security;					
	Dividends or interest on savings or bonds or incor Net rental income;	me from estates or trusts;				
	Public assistance or welfare payments;					
	Unemployment compensation; Government civilian employee or military retirem	ent, or pensions or veterans payments;				
	Private pensions or annuities;					
	Alimony or child support payments; Regular contributions from persons not living in the	he household;				
	Net royalties; and					
	Other cash income (including cash amounts rec- savings, investments, trust accounts and other					
1.	. My household meets the federal income guidelines for	r free meals (attached)?				
	☐ Yes ☐ No ☐ N/A					

If you answered "No" to any of the previous question a waiver of school fees.	ns, please indicate the reason(s) you are applying for
Lucana Varification for Eas Wairen	
 Income Verification for Fee Waiver You must present documents to verify income. Such Two pay stubs for each working member of household Disability benefit statement Unemployment statement showing benefits Current tax returns Medicaid Card showing case number 	 documents may include, but are not limited to: Direct Certification letter from the State of Illinois Foster placement papers Food Stamp Evidence Temporary Food assistance for needy families
You may be requested to provide updated income v every 60 calendar days.	erification at any time, but no more often than once
Supplying false information to obtain a fee waiver is I attest that the statements made herein are true and c	• ` `
Parent/Guardian (signature)	Date



AFFIDAVIT

I, attes	st that the information provided on the attached				
Application for Registration Fee Waive	ers is true and accurate. I understand that if the				
information provided is found to be inaccurate, Butler School District 53 will revoke all					
associated programs such as free lunch for	my child(ren) and all school fees will be due in full.				
Also, I will be required to reimburse to	the District any milk and lunches already provided.				
Further, if false information is found to have been provided on this form, the falsification is					
punishable by law and the District will pur	rsue its legal rights to the fullest. Finally, I understand				
that if at any time during the school year	the financial situation within our home changes, I am				
legally obligated to report those changes to the Administrative office immediately.					
	Signature:				
Printed Name:					
	Date:				
Subscribed and sworn to me this day of, 20					
	5.7				
	[Notary Seal]				
Notary Public					