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KIRBY SCHOOL DISTRICT 140

To: Parent or Guardian

From: Michael L. Andreshak
Assistant Superintendent of Finance

Re: **Free Milk/Lunch Application**

Date: July 1, 2011

Your child may qualify for our Free Milk/Lunch program. If you wish to apply, please fill out the attached **Free Milk/Lunch Application** and **Free Milk/Lunch Approval Form**. Please review the directions for the Application carefully, complete the form per the instructions and return it to the Administration Building along with the following documentation.

If you are receiving **SNAP (Supplemental Nutrition Assistance Program)** or **TANF (Temporary Assistance for Needy Families)**, you would qualify for free milk/lunch. Documentation must be provided as proof of receiving assistance.

- Copy of current medical card or letter from the Department of Human Services showing a valid case number. Cards with invalid numbers will not qualify a student for free milk/lunch.

If you are claiming **low income**, a copy of your most recent income tax form in which all household members are claimed must be attached to your milk/lunch application.

If you claim **no income**, you must attach a note explaining how you provide food, clothing and housing for your household and when you expect an income.

You will be notified if your application is approved or not approved.

KIRBY SCHOOL DISTRICT 140
Tinley Park, IL 60477

RE: Free Milk/Lunch Program

Dear Parent/Guardian:

Kirby School District offers free milk/lunch every school day. To apply for free milk/lunch, use the Household Eligibility Application, which is attached. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the Administration Building.

Your child(ren) may qualify for free milk/lunch if your household income falls within the Federal Income Guidelines.

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 milk/lunch. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to the Administration Building.**
2. **Who can get free lunch/milk?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or getting TANF and most foster children can get free milk/lunch regardless of your income. Also, your children can get free milk/lunch if your household income is within the free limits on the Federal Income Guidelines. Homeless, migrant, and runaway youths are categorically eligible for free milk/lunch.
3. **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. You must send in a new application unless the school told you that your child is eligible for the new school year.
4. **I get WIC. Can my children get free milk and lunch?** Children in households participating in WIC may be eligible for free milk and lunch. Please fill out an application.
5. **Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
6. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP or getting TANF or other benefits. If you lose your job, your children may be able to get free milk and lunch.
7. **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 the Administration Building.
8. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) does not have to be a U.S. citizen to qualify for free milk/lunch.
9. **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.
10. **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.
11. **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.
12. **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.
13. **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).

INSTRUCTIONS FOR APPLYING

If your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program or gets TANF, follow these instructions:

- Part 1.** List child(ren)'s name, school, grade and a SNAP or TANF case number.
- Part 2.** Skip this part.
- Part 3.** Skip this part.
- Part 4.** Skip this part.
- Part 5.** Sign the form (A Social Security number is not necessary.)
- Part 6.** Contact Information (Optional)
- Part 7.** Children's Racial and Ethnic Identities (Optional)

If you are applying for a homeless, migrant, or runaway child, follow these instructions:

- Part 1.** List child(ren)'s name, school, grade (**Attach another sheet of paper if necessary.**)
- Part 2.** Check the appropriate box

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1. Use a separate application for each child.** List the child's name, school and grade.
- Part 2.** Skip this part.
- Part 3.** Check the box and list the child's personal use monthly income, if any.
- Part 4.** Skip this part.
- Part 5.** Sign the form. (A Social Security number is not necessary.)
- Part 6.** Contact Information (Optional)
- Part 7.** Children's Racial and Ethnic Identities (Optional)

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1.** List each child's name, school and grade.
- Part 2.** Skip this part.
- Part 3.** Skip this part.
- Part 4.** Follow these instructions to report total household income from last month.
 - Column 1 – Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column 2 – Gross income last month and how often it was received.** Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column) and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column 3 – Check if no income:** If the person does not have any income, check the box.
- Part 5.** An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6.** Contact Information (Optional)
- Part 7.** Children's Racial and Ethnic Identities (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 milk/lunch. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster 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 milk/lunch and for administration and enforcement of the milk/lunch program. 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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FREE MILK/LUNCH APPLICATION

Part 1. Children in School (Use a separate application for each foster child)												
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP or TANF case # (if any). Skip to Part 5 if you list a SNAP or TANF case #									

Part 2. Homeless, Migrant or a Runaway
 Homeless Migrant Runaway (Signature of your School Liaison) _____ (Date) _____

Part 3. Foster Child
 If this application is for a child who is the legal responsibility of a welfare agency or court, check and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income (before deductions)—You must tell us how much and how often

Names (List all household members)	Gross income and how often it was received (Example: \$100/month; \$100 twice a month, \$100 every other week, \$100 every week)								Check if NO income
	Earnings from Work (before deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All other income (WC, SSI, etc.)		
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>
	\$		\$		\$		\$		<input type="checkbox"/>

Part 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. (See attached Privacy Act Statement.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.
 Sign here: _____ Print name: _____
 Social Security Number: _____ I do not have a Social Security Number

Part 6. Contact Information (Optional)
 Work Telephone Number _____ Home Telephone _____ Home Address _____

Part 7. Children's racial and ethnic identities (Optional)
Mark one identity:
 Hispanic/Latino Not Hispanic/Latino
Mark one or more racial identities:
 Asian White Black or African American
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for school use only.
 Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Eligibility: Free ___ Denied ___ Reason: _____
 Temporary: Time Period: _____ (expires after ___ days)
 Assistant Superintendent of Finance's Signature: _____ Date: _____

KIRBY SCHOOL DISTRICT 140

Tinley Park, IL 60477

FREE MILK/LUNCH APPROVAL FORM
2011-2012 School Year

Student's Name: _____ Grade: _____ School: _____

Free Lunch & Milk _____ Milk only _____ Lunch only _____ Milk preference White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Lunch & Milk _____ Milk only _____ Lunch only _____ Milk preference White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Lunch & Milk _____ Milk only _____ Lunch only _____ Milk preference White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Lunch & Milk _____ Milk only _____ Lunch only _____ Milk preference White Chocolate

Student's Name: _____ Grade: _____ School: _____

Free Lunch & Milk _____ Milk only _____ Lunch only _____ Milk preference White Chocolate

If you do not want your student(s) to receive the free lunch and you will be providing them with their own lunch, please check the box below.

I do not need the free lunch and will provide the above named child(ren) with a lunch.

Parent or Guardian Name Signature Date

<i>For School Use Only – Do Not Fill Out</i>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
_____ <i>Assistant Superintendent of Finance's Signature</i>	_____ <i>Date</i>

The free lunch and/or milk is scheduled to begin on _____. If at any time your student no longer wishes to receive the free lunch, please contact your student's school.